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Situating the HIV/AIDS epidemic in a historical context: A case study of orphans in Nguludi Mission Community, Malawi.

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requirements for the award of the degree of Master of Social
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This work has not been previously submitted in whole, or in part, for the award of any degrees. It is my own work. Each significant contribution to, and quotation in this dissertation from the work, or works of other people has been attributed, and has been cited and referenced.

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Abstract

This thesis is based on a series of interviews with key informants and a census of orphan households in Nguludi Mission Community, Southern Malawi, in 2000. The thesis argues that although HIV/AIDS is a relatively recent phenomenon, any contemporary understanding of the epidemic must be informed by an understanding of the past. The impact of the HIV/AIDS epidemic and the “orphan problem” at the local level, is, therefore, situated within the broader socio-economic context of the history of the region.

A review of this history suggests that more than a century of colonial and post-colonial policies in Malawi have created limited employment opportunities, inequities between different social classes, gender inequalities, limited educational resources and inadequate healthcare provision. Growing and deepening poverty, and with it malnutrition and a high incidence of infectious disease, are consequences of this situation. All probably contribute to heightening peoples’ vulnerability to HIV infection. HIV/AIDS in turn deepens poverty.

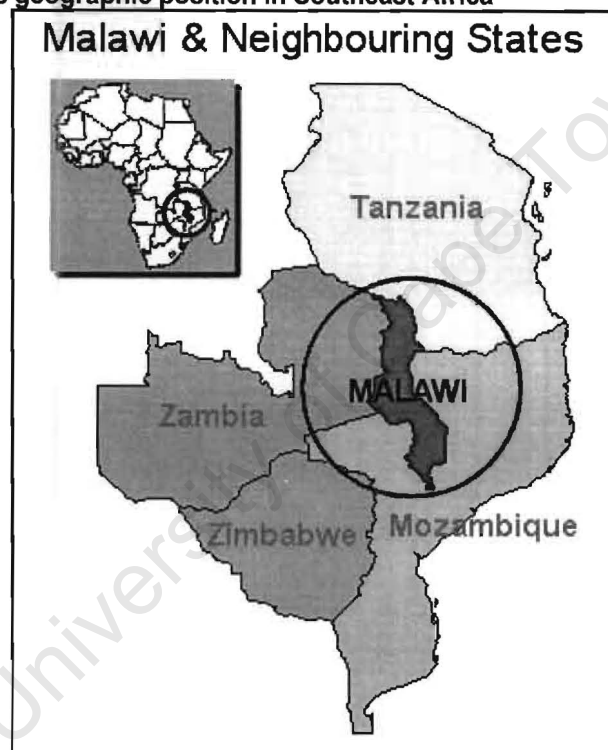
The case study of Nguludi shows that local concepts of orphan-hood contradict international euro-centric definitions. In 2000 there were well-established kinship mechanisms that absorbed “orphans” into their wider families. However, high levels of poverty and HIV/AIDS were placing these mechanisms under increasing strain.

The thesis argues that the HIV/AIDS and “orphan” problem necessitate a response that addresses the failings of the broader socio-economic environment. HIV/AIDS would have less devastating consequences in Malawi if poverty were also addressed. However, the structural interventions needed to alleviate poverty, suggested in the conclusion, will be costly and take time to implement. Thus there is a critical need to support people through more immediate welfare measures.

Chapter 1 - Background

This thesis emerged from my engagement as a volunteer working with a community-based organisation in Nguludi Mission Community in Malawi intermittently between the years 1996 and 2000. Malawi is situated in the tropical region of the South Eastern part of the African sub-continent. It is bordered by Zambia to the west, Tanzania to the North and North East and Mozambique on the East as well as in the South. It is a small land-locked country that has a land area of about 94,276 square kilometres and includes much of Lake Malawi.

Figure 1. Malawi's geographic position in Southeast Africa



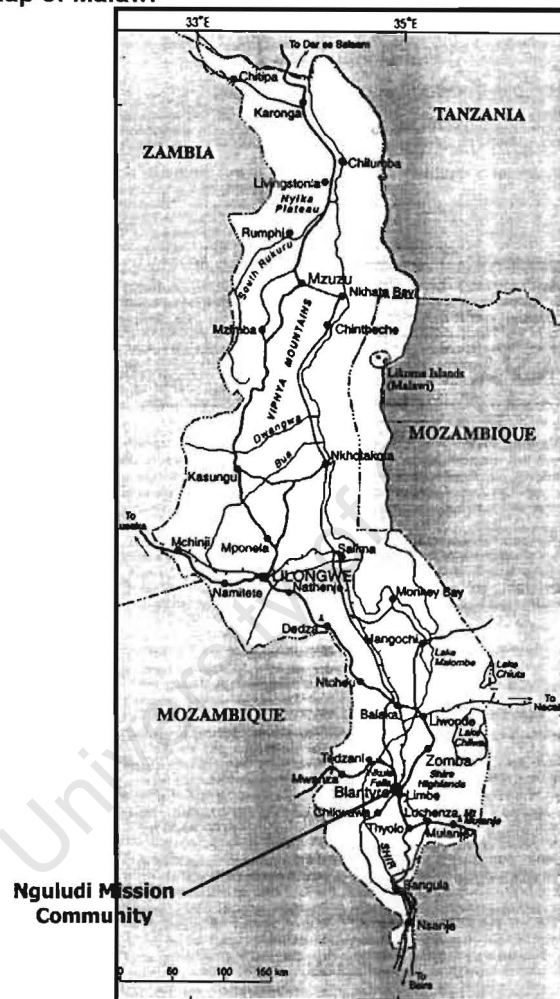
Source: (www.aidsmalawi.org/maps)

Malawi has a population of 10.3 million people and is predominantly an agrarian country. The crops that are cultivated by peasants are; maize, tea, coffee, cotton, tobacco, groundnuts and various tropical fruits. Ninety percent of the population lives in the rural areas working as peasant farmers on their own land or other peoples' land as hired labour, as well as migrating to work in the estate sector. Agricultural technology is not developed, many people cannot afford improved seeds or fertilisers, and irrigation is underdeveloped. With the possible exception of bauxite, there are no exploitable mineral deposits, commercial fishing is not viable, and there is little

industry. Communications are poor and deteriorating (The Economist Intelligence Unit Limited, 2001).

The country is divided into three administrative regions: the North, Central and Southern. N'guludi Mission Community the area where I carried out my fieldwork is situated in Chiradzulu district, Southern Malawi.

Figure 2. City Map of Malawi



From 1996 onwards, in my capacity as Africa Project Co-ordinator for H.E.L.P (Scotland)¹, I visited and corresponded with St. Mary's Orphan Community Based Organisation (CBO) based in Nguludi Mission Community. St. Mary's CBO was set up in 1995 to try and address the needs of orphans and to limit the strain of the

¹ H.E.L.P [Humanitarian, Educational & Long term Projects] (Scotland) is a student-run international development charity affiliated to Edinburgh University. The organisation sends students to Africa, Asia and Latin America to carry out small-scale development projects.

growing orphan population on Nguludi Mission Community. Staff workers from the local mission hospital formed the CBO after witnessing the growing number of adults dying of AIDS, leaving more and more children orphaned.

In 1997, I became more actively involved with the CBO. It was decided that an educational resource centre for orphans and other vulnerable children would be the most valuable asset to the community. The aim was that local people would offer up their skills to train orphans e.g. vocational skills, pre-school education, literacy, health awareness, so that those with little support would be better equipped with life skills to be productive and independent adults.

In February 1998, as president of H.E.L.P, I travelled to Nguludi to monitor the project's progress and took a proposal to seek further funding from the Department for International Development (DFID) based at the British High Commission in Lilongwe. DFID awarded funding to continue the building phase of the project.

From my brief visits to Nguludi I had become more and more aware of the extent of the AIDS and orphan problem and wanted to take the opportunity to work with the community to make the orphan centre a success. In 1999, I returned to Malawi to work more actively with the CBO on the project. I successfully managed to attract financial support from a British company, to help with the completion of the building and to provide it with the necessary equipment to get the centre up and running.

I worked with people from this community to identify solutions to the growing orphan problem in the area. As a part of this work I organised a census of orphans in 15 villages supported by the CBO. The census was designed to collect base line data on the households who were caring for orphans so that the community would be better equipped to understand the challenges that the different households were facing. During the census of the households, I was able to observe and learn about the families and households that orphans were living in and consequently wrote an ethnographic report.

I left Malawi at the beginning of 2001 and came to the University of Cape Town to study for a Masters degree in Sociology. The extensive AIDS problem in South Africa and my own experience in Malawi propelled me towards a critical reflection of the census and the work that I had undertaken there. This thesis, then, is unusual in that it takes data that was collected in a different context for a practical purpose, and with the insights of hindsight developed through the Masters programme, reviews that material and some of the assumptions that underlie it.

In this thesis my aim is twofold. Its overall aim is to come to grips with the critical aspects of the socio-economic impact of HIV/AIDS on a rural community in the southern region of Malawi. In particular it focuses on the rise in the number of orphans and local peoples' response to this challenge. Secondly, it is to critically review that experience and to develop from it more sensitive research questions. The thesis is based on my experience of living in the community as well as a census combined with an interpretation of the socio-economic history of the region. The underlying argument is that although HIV/AIDS may be a relatively recent phenomenon, any contemporary understanding of the socio-economic impact of the epidemic must be connected to and informed by a critical understanding of the past.

This thesis explores whether the problem of HIV/AIDS and the legacy of orphaned children is fundamentally a structural one. It presents the hypothesis that HIV/AIDS, and the resulting large numbers of orphaned children, would have less devastating consequences for Malawians if there had historically been a more equitable distribution of resources.

In chapter one, through a historical periodisation of Malawi's political economy I discuss the reasons for the country's current situation of poverty. In chapter two, I develop the discussion further, examining the social structure of rural Malawi, looking closely at concepts such as 'family', 'household' and 'women' to discover how lives and livelihoods were secured in the past and in response to an increasing level of poverty. The third chapter draws upon previous discussion to illustrate that these social and economic circumstances contribute to the Malawian population's increased vulnerability to HIV infection. I argue that these processes intensify the

impact of HIV/AIDS while the virus itself generates and amplifies the very conditions of poverty that enable the pandemic to survive (Lyons, 2001). The final chapter draws on the analysis of the three previous chapters in conjunction with fieldwork conducted in the Nguludi Mission Community in order to discuss the implications of HIV/AIDS and poverty for local women and children. This chapter examines peoples' response to the rising numbers of orphaned children and whether they conceptualise increasing numbers of orphans to be a problem. Finally the conclusion forcefully argues that AIDS and the "orphan problem" necessitate a policy response that addresses the failings of the broader socio-economic environment.

University of Cape Town

Chapter 2 - A political economy of poverty in Malawi 1890 – 1990s

2.1 Nyasaland Protectorate 1891 –1964

Poverty has been growing in Malawi over the past century because of its own particular colonial and post-colonial history and insertion in the wider regional economy. In this chapter I present a brief history of the political and economic processes and policies that have resulted in Malawi becoming one of the poorest countries in the world.

Malawi formerly known as Nyasaland² was made a British Protectorate in 1891. This was the formal beginning to the country's encounter with colonialism. The British imposed boundaries and a centralised unitary state system, intervening vigorously in the life of the local population to mould a political and national economy. The first colonialists chose to settle in the Shire Highlands in the Southern region. 'This included the missionary district of Blantyre, the tea growing districts of Mulanje and Thyolo, and other estate agricultural districts of Chiradzulu and Zomba. Consequently, Zomba became the seat of the colonial administration and Blantyre developed as the commercial capital. The central and northern regions served merely as appendages to the southern settler economy, which benefited from a monopoly in infrastructural development'(Kaunda, 1992: 51).

Malawi did not have the minerals of South Africa, the gold of Zimbabwe or the copper of Zambia. From the beginning the colonial state had to depend on agriculture to develop the national economy because there was no exploitable mineral deposits (Mhone, 1992b: 3). The colonialists turned to the existing European estate sector to provide the base to develop the national economy. For economic transformation to occur, it was realised that adequate communications as well as sufficient, reliable cheap labour and abundant cheap land was needed. The colonial estate sector of Malawi could not compete with the wages offered by other countries of the region, so labour for the estate sector had to be secured through force and the imposition of unpaid labour service. The colonialists therefore set out to design legal and political systems that would achieve these requirements.

² Throughout the rest of this thesis I will use the country's present name 'Malawi' to avoid confusion

“As was the case elsewhere in Southern Africa, and so too in Malawi, colonisation entailed expropriation of African lands, as from 1890, to enhance settler and corporate enterprises, the introduction of taxation in 1891 and to induce Africans into wage labour and the marginal commoditisation of peasant agriculture through cash crop production and the erection of an elaborate legislative and administrative apparatus to meet the demands of colonial production” (Chipeta, 1992b: 35)

The African population at this time experienced forced mass displacement and dispossession. In order to pay the new taxes they were forced to seek wage employment. The cheap labour that the government needed to work on the European plantations was successfully met by these coercive and exploitative policies.

By the early 1900s, peasants were experiencing a great shortage of land because the settlers alienated large tracts of land. The shortage was exacerbated by the immigration of Lomwe-speaking people from Mozambique fleeing from the harsh impositions of the Portuguese colonial regime. There were major conflicts over land between the European estate owners and the peasants. Land came to be divided into European estate land, which was freehold land, and the majority of Africans lived on what was later to be called customary land but many in the south were forced to live on the estates. The government's solution to the conflict and tension over land in the south was to design a tenancy agreement. This was in fact forced labour service that required African males to perform one/two months unpaid service a year on European estates as “rent” for eight acres of land per family.

“This tenancy system came to be known as *thangata*, which, in Chichewa, has the ironic meaning to “assist”. (Mkandawire, 1992: 176).

There was also a great deal of labour migration from this time on, to the mines of South Africa, Northern and Southern Rhodesia and the Katanga (Shaba province of Zaire). Peasants were prepared to make the perilous journey to these countries as opposed to the local estate sector, because the mining economies offered better working conditions and wages than those offered in the country (Mkandawire, 1992).

Before the end of the 19th Century, the colonial government had successfully established interlocking economic sectors: the European estate sector and the peasantry that produced migrant labour.

“The Nyasaland protectorate thus became a labour pool within the mining and industry-dominated Southern African regional system”. (Kaunda, 1992: 52)

Wolpe’s ‘cheap labour’ thesis (1972) argues that across the Southern African region, colonial estates and the capitalist mining sector were able to pay the worker below the cost of his reproduction. This was because account was taken of the fact that the worker’s family was supported, to some extent, from the products of agricultural production in the reserves/home villages. It became possible for the state or capitalist sector to fix wages at the level of subsistence of the individual worker. The extended family in the reserves was supposed to fulfil ‘social security’ functions necessary for the reproduction of the migrant work force (Wolpe, 1972; Meillassoux, 1981; First, 1983; Davison, 1997) This relieved the capitalist sector and the state from the need to expend resources to fulfil these necessary functions.

As Wolpe theorised and others have confirmed empirically, over time these processes have led to increasing impoverishment in the rural areas from which the labour was drawn. Peasants increasingly began to depend on the wages remitted by migrant workers. This in part explains why migrant labour became institutionalised rather than the initial means of securing labour with workers later settling permanently around the work place. It is generally agreed that the productive capacity of the majority of the peasantry as the result of these processes was seriously diminished during the colonial period.

Colonial authorities expressed their concern about the effect of migration on the peasantry. The Travel Lacy Committee commented in 1935,

“We became more and more aware that the uncontrolled growing emigration brought misery and poverty to hundreds and thousands of families, and that waste of life, happiness and wealth was colossal”. (Mkandawire, 1992: 178)

The colonial government also conscripted large numbers of the able-bodied men from the villages as porters for the European conflict between the British and German armies in the north of the country during the First World War. These men were subjected to punishing conditions that either resulted in malnutrition, disease or even death (Doyal, 1987). This meant that the villages lost essential productive male labour.

Migrant workers and conscripted men suffered appalling living and working conditions that created a great breeding ground for communicable diseases. Disease was exacerbated by high levels of malnutrition because the workers got paid so little for their labour or were given rations too meagre to provide adequate nourishment. Diseases were introduced that had hitherto been unknown, such as tuberculosis. Measles, smallpox, influenza epidemics were also facilitated by the population's contact with European settlers in the estate sector and through travel and contact with other people. Doyal states that

“Epidemics also helped to destroy the economic and social foundations of indigenous communities and the resulting disintegration and impoverishment greatly facilitated the establishment of colonial hegemony”. (Doyal, 1987: 102)

The colonial government intensified the cash crop economy in order to create a surplus so as to maintain its functions and perpetuate its survival. Its intention was to cover the initial costs of territorial occupation and the establishment of colonial hegemony (Doyal, 1987: 105).

It is important to note that indigenous people had engaged in international and domestic trade before it was colonised. In the Lower Shire Valley and on the western shores of Lake Malawi people grew cotton, and tobacco was grown on the central plateau. The single most important factor undermining existing methods of food production probably stemmed from the economic requirements of the colonial system for profitable agricultural exports (Doyal, 1987). The imperial government capitalised on the pre-existing local production of cotton to assist with the creation of a dependable supply to the British cotton clothing industries. Cotton became the cash

crop that peasants were obliged to grow at prices and under conditions dictated by the colonial state. Cash crop production was geared towards the export of raw commodities for the metropolitan industry of Britain.

European alienation of land was most extensive in the Southern region, where large estates were developed to produce tea and flue-cured tobacco. Fertile land was increasingly encroached upon for cash crop production for the estate sector. This reduced the area of land where local food could be produced for consumption. It also narrowed the variety of food that could be produced, leading to deterioration in peasants' diets. With less land and a growing population, fallow periods consequently had to be reduced causing soil exhaustion and erosion and culminating in a decline in yields. The fertility of the soil over time was compromised as well as the food security of the indigenous population (Doyal, 1987; Mhone, 1992a).

There were no dramatic changes in the economy up to independence in 1964. The territory was further consolidated as a labour supplier to the northern and southern Rhodesian mines, by 'The Federation of Rhodesia and Nyasaland' between 1953 and 1963. The most significant benefit that this brought to Malawi was the fiscal subsidies that Malawi received from the Federation. However, Pryor claims that the fiscal subsidies probably overstate the economic advantages Malawi received from the Federation. Nevertheless he argues that these transfers did appear to set in a motion a considerable growth in the economy that carried over for the first decade and a half of the post-independence period. (Pryor, 1990: 46-47)

Industrialisation was limited to the processing of agricultural materials, cotton spinning, tea and tobacco curing and 'apart from their minor cash cropping role, the African peasants were seen as little more than a source of labour for the settlers and for the mines elsewhere' (Kaunda, 1992: 53). Kaunda sums up the impact of these pressures as follows,

"The salient features of the Malawi rural economy were therefore well defined even before the First World War". Settler plantations and estates grew high-price crops such as coffee and tobacco. Small-scale African agriculture produced subsistence crops and cotton and tobacco (under tenancy arrangements with European planters)

for export. The migrant labour sector catered for the internal estate sector and for the mining industries elsewhere.” (Kaunda, 1992: 52)

African political activity was limited to the “Native Authorities” appointed with the approval of the colonial administration. Those authorities could raise local grievances but did not challenge the legitimacy of colonial rule. The Native Authorities were subordinated to the chief central government agent in the district, the District Commissioner. This indirect rule meant that the development of genuine African representation based on elected representation was non-existent. The absence of representation meant that the African majority was excluded from colonial political participation, at both the local and the central government levels (Kaunda, 1992). The denial of civil and political rights went hand in hand with impediments to social advancement for the majority of the indigenous population.

After the Chilembwe uprising of 1915³, further protests did not occur until the establishment of the Central African Mining Federation. Educated Africans who were driven by the need to eradicate the objectionable labour control and agricultural regulations, wanted to secure upward mobility for an emerging and aspiring African elite and entrepreneurial class (Mhone, 1992b). Protests culminated in the foundation of a nationalist movement named the Nyasaland African Congress in 1944.

The nationalist movement’s ideology did not challenge the basic orientation of the economy. According to Kaunda:

“Both their Western type of education and their urban base influenced their orientation towards the (desired) political and economic arrangement of society. They were employed in the colonial system. Their livelihood was dependent on such employment. Their objective common interests were therefore characteristically different from those of the rural masses”. (Kaunda, 1992: 64)

The rural masses and the middle classes were only connected by their abhorrence of the colonial system. Once independence had been won, the state apparatus came

³ A political uprising occurred in opposition to the colonial administration led by Reverend John Chilembwe in 1915.

under the control of a socio-economic segment that benefited from the existing economic order (relative to the masses). This new government elite did very little to transform what they inherited from the colonial regime.

2.2 Post-Independence 1964 –1969

“the post-independence government in Malawi inherited a country that was among the poorest in Africa and one that had been relegated to a “colonial slum”, its only assets were land and labour, both of which were either ruthlessly exploited for colonial settler benefit or were underdeveloped. The economy was primarily subsistence-based with scattered enclave estate and agricultural enterprises, some show-case master farmers, and persistent migrant labour to other countries in the sub-region”. (Mhone, 1992b: 9)

After independence the country witnessed the swift move to a one party state and executive presidency, precipitated by a number of political crises within Malawi (Mhone, 1992a). With an internal split in the cabinet in 1964 and open rebellion against the Prime minister any move towards devolved political decision making was dashed. The more radical members of the cabinet fled into exile, so without opposition, the new President Doctor Hastings Banda was able to extol the virtues of his executive leadership through the promise of economic development to the masses (Mhone, 1992a).

“The elevated stature of the leadership was accompanied by the introduction of political, administrative and legal instruments of control to counter the perceived threats to the stability and cohesion of the state” (Pryor, 1990: 46-47)

Parliament operated under a monarchical constitution that was replaced by a republican constitution in 1966 when Malawi became a republic and official one party state. Constitutional changes made Hastings Banda Life President in 1971. Local government came under strong central government control and central government itself became increasingly centralised (Mhone, 1992a).

The post-independence era was greatly determined by the previous political and economic order. However, the charismatic authority of the omnipotent personalised

leadership of Hastings Banda played a role. It must be emphasised that the post-independence leadership's ideological orientation was 'capitalist and non-revolutionary, modernisationist and reformist rather than transformational' (Mhone, 1992a).

"Because of the country's low level of development and because of the missionary-imbued liberal education and idealistic zeal of the majority of elites that constituted the vanguard of the nationalist struggle, the 'socialist' option to the attainment of foregoing independence objectives was never a serious consideration." (Mhone, 1992b: 4)

Dr Banda from the outset placed great emphasis on the importance of the agricultural sector being the main driver of economic growth.

Banda's rhetoric at the time of attaining independence talked of support for peasant farmers,

"I am from the village and my first duty is to help the villagers" (Pryor, 1990:38)

In the 1962-1965 National Development Plan, it was stated that:

"Production in agriculture must increase at a phenomenal rate, so that reliance on it as a source of income has meaningful content not only for the few, but also the masses. It will do so only if there is a sustained and effective campaign to encourage and assist the masses to take cash crop farming. This is what Government sets to do in the present plan". (Development Plan, 1962-1965. Nyasaland Government, Zomba, In Mhone, 1992a)

Indeed at this time the Ministry of Agriculture did allocate the majority of its resources to the peasant sector as well as diverting external funds to this sector that in the past had automatically been transferred to the estate sector. However, two poor maize harvests and fluctuations in the peasant tobacco production contributed to a policy shift towards support for large-scale farmers at the end of the 1960s (Mhone, 1992a).

“The 1968 Economic Report raised doubts about the ability of smallholder agriculture to generate economic growth and to provide sufficient government revenue for investment purposes. The expansion of the estate sub-sector came to be viewed as a potentially more reliable source of growth and revenue”. (Mkandawire, 1992: 179)

The government in the 1970s set about constructing policies that would support growth in the estate sector. These policies perpetuated and refined colonial economic practices with the express purpose of creating and enfranchising an emerging class of farming entrepreneurs. This was achieved at the expense of the welfare of the majority of the workforce (Mhone, 1992b). Mhone explains that post-independent agricultural policy promoted estate and smallholder ‘kulak-style’ commercial farms owned by Malawians (Mhone, 1992b). There was great encouragement from the government for indigenous political and public leaders to take over the role of European settlers in the Estate sector. There was therefore no effort to change the underlying structural basis of the colonial economy and its characteristic dependence on foreign aid as a basis for capital investment (Kaunda, 1992: 66).

Firstly, individuals and corporations were accorded opportunity to lease large tracts of land at very little cost. These large transfers of land to the estate sector were alienated from the peasantry. It was thought this would not affect peasant agriculture because the government believed that large amounts of the peasant land were unused. Secondly, the government increasingly encouraged the commercial banks to award loans to the estates and commercial smallholder farmers so that they could access low-cost financing. The same gesture was not extended to peasant farmers. Thirdly, the main source of finance for the emergent estate sector was peasant agriculture itself; whole surpluses were extracted via taxation (Mkandawire, 1992: 79). In 1971, the Agricultural Development and Marketing Corporation (ADMARC) was created to replace the Farmers’ Marketing Board (FMB). ADMARC’s

“pricing of industrial and export crops were well below international parity prices, enabling the organisation to amass large profits in each year. Between 1971/72 and 1979/80 ADMARC amassed profits of K155.9 million, the largest proportion

deriving from its purchases and sales of smallholder air cured and dark-fired tobacco.” (Mkandawire, 1992: 180)

The majority of smallholder farmers on customary land were obliged to sell their crops through ADMARC, ‘with the effect of an invisible and regressive taxation’ (Peters, 2002). The estate sector and emerging commercial farmers were thus well endowed with accessibility to land and finance. The estates still required cheap labour and the government achieved this through:

- 1) The heavy taxation of small holder cash crop production,
- 2) Rapid growth in the labour force due to a reduction in international migration (in the 1970s Malawi withdrew from the Southern African Mining Confederation).
- 3) Increasing land pressures in certain parts of the country
- 4) Restrictions against small holders producing burley tobacco⁴. (Mkandawire, 1992: 180)

Mhone describes the post-independent state as ‘Leviathan’ because it acted as ‘an executive committee’ of the dominant, but minority, economic interests consisting of indigenous commercial farmers, distribution and retail entrepreneurs, the political elite, and the top management in statutory bodies’ (Mhone, 1992b 5). He also describes the state as ‘predatory’, with the minority elite preying on the populace to their own benefit, at the expense of the absolute welfare of the majority of the population and at the expense of the country’s long-term development goals (Mhone, 1992b).

It can be seen from this outline that post-independence government policies supported large-scale farming to the detriment of peasant farming. These policies made it extremely difficult for peasants to support themselves purely from their own holdings. The result long before the 1990s was abject and absolute poverty for the majority of rural people.

The government in 1980/81 reported that 54 percent of smallholder farmers in the country were cultivating less than one hectare of land (Mhone, 1992a). This had worsened by the 1990s, where 56 percent of peasant farmers cultivated less than 0.5

hectares of land, which is inadequate to meet the annual food requirements of an average household of five members using hand tools (Poverty Monitoring System National Council, 1998). Land degradation was seen to becoming more common as marginal lands were increasingly being used for cultivation.

2.3 1969 –1990s

From 1969–1980, the external and internal economic environment favoured economic progress. Wage restraint and price controls fostered relative price stability. The level of foreign exchange reserves was adequate, yet economic growth only favoured the few. Inequality in personal incomes increased during this period. In addition real wages declined by 38 percent between 1969 and 1980 (Mhone, 1992a).

In the 1980s the economic environment became less favourable due to deteriorating terms of trade, transportation bottlenecks, rising costs of fuel and adverse weather conditions culminating in a recession from which the economy had still not fully recovered by 1990 (Mhone, 1992b:27). The government attempted to restructure its economy with the assistance of World Bank loans and an International Monetary Fund (IMF) Structural Adjustment Programme (SAP). From the mid 1980s, the SAP promoted liberalisation of foreign exchange control, restructuring of the parastatal sector, monetary and tax reform, deregulation of the private sector and improved incentives for private investors.

The SAP did not fully address issues of land distribution but supported existing tendencies towards the creation of a market in land and small class of “successful” farmers. The adoption of improved technology and the institutional development necessary to increase the supply and delivery of credit or marketing services was neglected in the programme (Mhone, 1992a). The SAP’s market reforms advocated for the production of cash crops such as burley tobacco. These reforms primarily benefited the “better off” who had better access to land, labour and capital. The poor became poorer when producer prices for foods were increased, because they had to purchase them at the higher consumer price (Peters, 1996).

⁴The main type of air dried tobacco

The SAP shifted much of the burden of some of the services on the producers themselves - removing the subsidies on food, fertiliser and social amenities. (Mhone, 1992b: 19). The fiscal austerity of the SAP fundamentally advocated a reduction in spending on social services, where money was needed most. Peters concludes that the formulation of adjustment and liberalisation measures never took into sufficient account the set of structures and contingent conditions in the country and instead reinforced the old path of social differentiation with the poorest of the poor being made poorer still (Peters, 1996).

There has been increased social differentiation in Malawi post-independence. Peters (2002: 160) claims that there is 'increasing stratification in access to land and other resources (material and otherwise) and a distinct pattern of inequity associated with class formation'. She explains that there are 'extreme differences in income, education, living and political influence between the minority, urban based elite and the mass of the rural population' (Peters, 2002:160)

The Malawi Integrated household Survey 1997-1998 (Poverty Monitoring System National Council, 1998) confirms her view. Towards the end of the 1990s⁵ 65% of people in Malawi in 1998 were living in absolute poverty. (Poverty line is MK10 per day⁶). Poverty was reported to be worse in rural areas than urban areas. 67% of the rural population were poor compared to 55% of the urban population. Inequality within urban and rural populations was also reported. Peters talks of the differentiation within the rural population, where a small local elite consisting of owners of small estates (almost all growers of burley tobacco) as well as local politicians, owners of stores and businesses and some of the richest 25 % of smallholder farmers are in direct contrast to the mass of the rural poor.

⁵ The designers of the Malawi Integrated Household Survey 1997-1998 (Poverty Monitoring System National Council, 1998) decided not to use income because consumption was a smoother measure of welfare over time, e.g. farming households receive a large amount of cash income in May or June and receive very little the rest of the year. They also suggested that consumption can be viewed as realised welfare, whereas income is more a measure of potential welfare. Also households are more willing to truthfully report their consumption and expenditure than their income

⁶ In 1995 the Malawian Kwacha:Dollar exchange rate was 15.2. In 2000 the exchange rate had reduced to 59.2 Malawian Kwacha's to 1 US Dollar (Zikomo, 2003).

The National Gini Coefficient, a measure of inequality in consumption, was reported as 0.401 in Malawi in 1998, almost the same as that of Mozambique at 0.396, while that of Zambia was somewhat higher at 0.498 (Poverty Monitoring System National Council, 1998). The higher the coefficient the more inequitable is consumption across the population. Income inequality increased significantly between 1968 and the mid-1980s (Mhone, 1992a).

The peasant class has been stratified with emerging farmers supported historically by the post-colonial state. Proximity to urban areas and commercial markets allowed partial diversification of production, where state monopoly of agricultural input distribution and marketing of production generated dependence on state support.(Chipeta, 1992b) With a reduction in this state support throughout the 1980s and 1990s the peasantry moved into a heightened state of crisis.

Different types of peasants have evolved in the different regions of the country because of the historical reasons outlined and due to geographical proximity to urban centres (Chipeta, 1992b). The southern region, which is the primary focus of this study, has historically experienced the most significant land pressure due to encroachment of large-scale commercial farming. The 1990s witnessed mounting land hunger and a growing population that resulted in continued benefits (in the form of labour) to the estate sector at the expense of the poor. The Integrated Household Survey conducted in 1998, showed that in the southern region nearly 68% of the population were living in absolute poverty, while the corresponding figure for both the Centre and the North was 63%. Landholding sizes also varied across the regions. People in the Southern region had the smallest landholdings, and the population density per square kilometre in the South was the highest at 146 persons per square kilometre compared to 113 in the Central region and 46 in the Northern region (Poverty Monitoring System National Council, 1998).

Englund (2002) notes that the tobacco estates are the largest in the Northern Region and are likely to be the destination of most rural-rural migrants, providing a significant number of jobs even though the wages are low. In the Central Region there are less opportunities for agricultural wage labour and the densely populated districts

of the Southern Region simply do not provide enough agricultural wage labour for workers.

Chipeta's evidence presents a vivid depiction of increasing proletarianisation. .

"By various methods the majority of squatters never receive any cash payment for their crops one season after another, and many are in a state of perpetual indebtedness. The permanent makeshift grass shacks living quarters, so conspicuous on the tobacco estates, lacking even in basic sanitation is a vivid indication of the social degradation of the squatter population. Thus squatters are caught up in a precarious predicament because withdrawing from the estates to their overcrowded home districts does not promise any assured advantages while continued stay on the estates does not offer obvious social and economic gains."(Chipeta, 1992b: 43)

Due to historical conditions outlined throughout this chapter, the peasant class have become divorced from the means of production (land and capital) forcing them to provide labour to others. Some peasants combine production using their own means of production with wage labour for local farms and industrial enterprises. Others, as the above quote suggests, are subject to a kind of debt bondage in which producers are caught in a trap of providing labour because they have fallen into debt with their creditors over land rents, cash loans or other resources (Bernstein, 2000).

Very few low-income urban dwellers have been able to rely on long-term employment (Englund, 2002). Consequently, migration to urban areas has not severed ties to rural origins as was anticipated by the modernisation theory of the 1950s and 1960s. Instead, as Bayart (in Englund, 2002) has expressed people 'straddle' the rural and urban areas, developing a combination of livelihood strategies in their attempt to find a solution to their poverty. 'Rural and urban livelihoods, peasant production and capital accumulation are not separate but deeply inter-linked in an often exploitative relationship' (Waterhouse, 2001).

Land out of necessity continues to provide the basis of a livelihood for most Malawians but due to relative land scarcity is a source of wealth only for a minority, creating a situation whereby the struggle for the majority to maintain or claim land

increases social differentiation and deepens inequities (Peters, 2002). Processes that were set in motion over one hundred years ago are reaching fruition. Government policies throughout the colonial and post-colonial period have exacerbated the poverty of the poorest peasant farmers. As Mhone stated in 1992,

“the degree of inequity in Malawi has.... increased to alarming levels; and that every index of economic and social welfare, Malawi still remains one of the poorest countries in Africa and the world,”. (Mhone, 1992b: 10)

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Chapter 3 - Women and the family in Malawi

Women in Malawi were “traditionally” the bearers of political, economic and social power. In the past the matrilineal clan was built around the central position of the female ancestor, of women as landholders, food producers and guardians of fertility. Due to wider structural forces they have experienced increased erosion of this power. Drought, famine, epidemics, as well as the dramatic impacts of missionisation and capitalism have changed concepts of lineage, patterns of residency as well as changing gendered relations of production. Women in their triple role as reproducers, producers and carers have become increasingly marginalized (Moser, 1993).

In this section, I shall examine in more depth some of the structural implications of Malawi’s political economy for women and the family. It is argued that ‘female-headed households’ are the poorest of the poor in Malawi. How do these households adapt and cope? It is necessary to evaluate how women and their families in the past have secured their lives and livelihoods in times of crisis. For example, has the family always absorbed “orphans” in times of crisis? In answering these questions, it is important that concepts or categories such as ‘woman’, ‘family’, and ‘household’ are first defined.

3.1 Gender as a social construct

“By leaving women and gender out of analysis and observation at every stage of the research and analytical process, academics have left out the experiences of half of the world’s population, thus distorting knowledge about the world. Their entire conception of society and reality is inaccurate. By not taking women or gender into account, academics have practised gender discrimination”. (Meena, 1992: 38)

Despite a strong political current of feminism, which can be traced back to the late 18th century, women and the analysis of gender were invisible to social science research until the 1970s. Over the last thirty years social scientists have attempted to rectify this imbalance, by challenging and deconstructing the concepts of ‘woman’ and ‘gender’.

Naturalist theories presume that gender difference is equivalent to sex difference, that the different social roles that men and women play can be explained by biological differences. Most social scientists reject the biologism of this position and argue that, 'gender may be seen either as a symbolic construction or as a social relationship'(Moore, 1988). Biology and nature alone are not sufficient to explain how gender relationships are established. Gender is a social, cultural, political, economic and historical construct. Gender refers to attitudes, emotions and beliefs associated with being male or female in a given culture at a given time. Gender roles are learned and they vary across time and space. Women and men, from different positions of relative power, involving both co-operation and conflict, are continuously negotiating these relations (Moore, 1988; Archer, 1992).

Ortner's (1981) thesis and Rosaldo and Lamphere's (1974) thesis are 'useful starting points for discussing the cultural construction of gender and for examining the symbolic associations given to the categories 'man' and 'woman' that can be understood as the result of cultural ideologies rather than inherent qualities of physiology' (Moore, 1988: 5). Moore, encourages us to move beyond the simplistic binary oppositions, inherent in western and male-biased structuralist thinking. She argues that to focus on women or the 'female point of view' as an alternative to the focus on men and 'the male point of view', would be to follow a false segregation as both are inextricably intertwined in any social context (Moore, 1988). Instead she suggests that we should examine gender relationships. 'Gender can no more be excluded in the study of human societies than can the concept of 'human action', or the concept of 'society'. It would not be possible to pursue any sort of social science without the concept of gender.' (Moore, 1988)

Feminists in the 1970s were tied up with the language of emancipation. They argued that women could only achieve emancipation when they were liberated from the private, domestic sphere of life or from their role as mothers to participate in the public sphere dominated by men. This was a predominantly Marxist feminist thesis, which drew on Engel's analysis of property and gender. It argued that women's oppression came with the rise of private property. He claimed that women were disadvantaged due to their exclusion from an equal role in production and in political

decision-making. Capitalism used patriarchy to exploit women's labour. The emancipation of women could only take place by encouraging them to take part in both production and politics.

Post-structuralists and later feminist Marxists criticised Engels for falling into an essentialist view of gender - failing to challenge the gender division of reproductive labour, or to question why men should assert exclusive rights over property. They also argued with the Western view of passive and domesticated women. Questions of gender identity are neglected as well as power relationships that interact in determining the outcomes of negotiation over gender relationships and roles. As Lois McNay argues, 'the tendency to regard women as powerless and innocent victims of patriarchal social structures hampers many types of feminist analysis.' (McNay, 1992: 63-64)

Looking to the African continent, the assumption that men are the producers and women are tied to the domestic sphere is an ethnocentric assumption that cannot be applied to women in Southern Africa. Boesrup (1970) pointed out that the sexual division of labour varies throughout the world and that contrary to Western stereotypes, women often play a central role in economic production.

We can also be critical of feminists like Millet (1970) who claim that women the world over are united in their common experience of oppression under patriarchy which is universally maintained by male aggression through the silent threat of violence against women, and institutions of marriage and the family that sustain the relationship of domination and oppression. Other theorists argue that there are many forms of oppression. Patriarchy is only one of them. Their particular impact will depend on history, culture and a complexity of mediations. For example, Amadiume (1987: 8) argues that Western female academics and feminists have imposed their own concepts and terms of relationships on women in Africa, resulting in a distorted view of "the conditions of Third World Women". Amadiume criticises Western feminists for capitalising on women's 'oppression' in Africa, to bolster a 'false solidarity' on the assertion that all women share 'common roots of oppression'. She argues that Western theorists have ignored the evidence of female power and gender

co-operation that often went along with non-western forms of economic and social organisation, but is now threatened by Western hegemony.

“Contrary to the [Western feminist] call for ‘oneness’, Third World women can ignore historical and cultural differences only at their own peril, in view of damage already inflicted by colonialism and still being inflicted by neo-colonialism and Western feminist imperialism” (Amadiume, 1987: 8)

Recent Western feminists, have appreciated criticisms such as these and ask us to analyse the roots of women’s oppression, inequality and experience of poverty as potentially being unique to different women’s cultural, historical, social and political experience. For example women in most colonised societies will experience inequality differently from women in other societies.

“In South Africa, it is often said that African women are oppressed in three ways: oppressed as blacks, oppressed as women, and oppressed as workers.” (Gaitskel et al, In Moore, 1988: 86)

The complexity of interconnections between gender, race and class cannot be examined in isolation from one another; each affects the other and culminates in the experience of being a woman. Post-structuralism has contributed to a more nuanced understanding of ‘gender’ and what it means to be a ‘woman’. Women are not homogenous; class, race/ethnicity, nationality, gender identity, marital status, age and individual psychology differentiate them. A ‘woman’ has multiple identities that are never static but constantly changing. The challenge of post-structuralism is to study these multiple identities theoretically.

3.2 The Household

Just as we cannot be essentialist in our examination of women we also cannot be so in our understanding of the concept of ‘household’. The category of household has often been used to refer to a group of people living under the same roof, who pool resources and share from the same cooking pot. Murray (1987), Spiegel (1996) and Ross (1996) in their theoretical appraisals of households challenge this view. They argue that households refer to people who may not live together but share financial resources

and obligations. Speigel (1996) and Ross (1996) argue that households are fluid with kin coming and going in their effort to seek out resources, care and support. Murray argues that,

“no single household form should be ideologically or normatively ‘privileged’, so to speak; rather, all household forms should be studied as variant outcomes at particular points in time of diverse structural pressures.” (Murray, 1987)

Social scientists who since the 1970s have been critical of the essentialist assumptions associated with the division of labour were and are equally critical of the intertwined assumptions concerning the household and the “domestic unit of production”. Development planning and research, they argued, has been guilty of making “women” invisible by assuming that households are normally male-headed. ‘Female-headed’ households are not unusual social phenomenon in Malawian society (or indeed elsewhere in Sub-Saharan Africa). However, it is important to remember that all household types are embedded within and shaped by the wider social, historical and economic context.

It is important to recognise that women who head households without the support of male partners often experience poverty. Poverty in these households is much more marked than other household types. Peters (1995) for instance provides evidence to show that “female-headed households” are disproportionately disadvantaged relative to other types of households. National and other large-scale surveys and local studies all show that female-headed households have less land and other resources as well as lower incomes than other households.

However, Murray (1987) was quick to point out that although there had been a rise in single women heading households, particularly due to the male migrant labour system in the southern African region, that we shouldn’t neglect those women in nuclear, conjugal relationships who were also experiencing hardship and poverty.

“Female-headed households, single women and ‘matrifocal’ households are often represented as statistical deviations from the ‘nuclear family’ household form presumed in the dominant paradigm of migrant labour societies (men away at work

married to women at home), and therefore as evidence of 'breakdown' of a 'normal' pattern of household and conjugal association. But the inequalities, the tensions, the conflicts, the pressures of dissolution, are strongly manifest within the 'nuclear family' household also."(Murray, 1987)

Greater understanding of the strategies followed by female-headed households have fortunately driven social scientists more recently to reappraise how women in male-headed households spend their time and money. They describe the differences between 'female-headed' and 'female maintained' households. 'Female-headed' are those where the woman has no current husband and is recognised as the legal 'head' (female-headed *de jure*). The second type of 'female-headed' household is where the husband is absent for much of the time in labour migration, (female-headed *de facto*) other work, or where he is polygamous. These 'female maintained' households are those that are supported primarily by a women's efforts whether or not the household is formally 'headed' by a man (Peters, 1995). The recent literature on female-headed households has at least begun to understand that often where there is a nuclear family, with an official male head the woman can still bear the main burden of producing for the family.

Peters (1995) points to the role of women in agriculture and other activities within male-headed households and gender relations that contribute to individuals' livelihoods outside of the household. Too close a focus on the household type negates influences that occur at the inter-household level. It is just as important to take into consideration what is happening inter-household as well as intra-household. 'The idea that the household functions as a single socio-economic unit, organised as an independent entity with clearly defined boundaries that separate it from other households in the socio-economic structure in which it is located are not borne out in reality'(Moser, 1993: 19).

"The superficial identity of household form threatens to obscure the different patterns of intra-household relations and different conceptions of gender, sexuality and conjugality as well as the social cultural and politico-economic dynamics producing and reproducing typical household forms in particular societies. The broader analytical failing is to assume that attention to female headship is equivalent to

enquiring into gendered patterns of family and household organisation, work, income and so forth.” (Peters, 1995: 99)

The next section will examine the evolution of gendered patterns of family and household organisation and production in the Malawian context. It will aim to provide historical understanding of why there is a high incidence of female-headed households *de facto* and *de jure* and why in particular they may be more poverty stricken than households headed by men.

3.3 The Family

The terms ‘household’ and ‘family’ are not coterminous although they often share common features. The concept of the ‘family’ embodies a more complex set of relationships and normative assumptions (Beall and Kanji, 1999: 1). Understanding the family, gender and household relations in Malawi requires an understanding of clan, lineage and descent. Though the basic relational group in African societies is the family, Mwamula-Lubandi (in Davison, 1997) argues that the basic “solidarity” unit is the clan. It refers to a common descent group through which organising relations are identified and maintained. The clan is responsible for the implementation of initiation rites, symbolising to those who participate in them what it means to be a part of a clan or ethnic group. In Malawi, among many groups, birth and death rites are clan affairs with the clan elders planning such events (Davison, 1997).

It is important not to see the clan as a fixed and inflexible entity but as Newbury (in Davison, 1997) argues, to see it as a “changing cultural phenomenon” that interacts with historical political forces as well as each individual’s subjective interpretation of what it means to be part of a particular clan (Davison, 1997: 14).

“Clan ideology includes both a theory of lineage embodied in descent groups and the practice of property inheritance attached to such groups. Marital residence patterns are often linked to lineage ideologies. Structurally, clan is perceived to be the broadest social category with descent groups a subcategory, but this can change with socio-political circumstances.” (Davison, 1997: 15)

Ntara (in Davison, 1997) noted that nobody in Malawi was without a clan name, but by the 1940s "lineages within a clan" became the most significant factor in socio-political groups. The lineage is the family line or matriliney on the basis of which rights and obligations relating to access to economic resources, exercise of social responsibility, and marriage, among other things, are prescribed (Davison, 1997). Matrilineal descent was the norm and still is in many parts of the country today, particularly in Nguludi Mission Community. Amongst matrilineal groups the land is passed down through the female line of descent. Either a mother's daughter or a mother's brother can inherit the land. Thus men can only inherit the land in avuncular relationships. If the man plays an avuncular role in the descent group he may gain access to land and moveable property (Holy, 1996; Davison, 1997).

'Historically, in pre-colonial southern Malawi, the basic production/reproduction unit among matrilineal Mang'anja, Yao and Lomwe was the *banja* household headed by a wife and her husband and included the wife's children and in some cases her elderly female relatives such as her mother' (Davison, 1997). Still today, the majority of women control the allocation of household labour with their husband or take the major responsibility for its allocation - particularly in households where the husband may be absent for much of the time.

Women receive more benefits being a member of a matrilineal group rather than to a patrilineal group. Security of land tenure is not questioned as the woman has primary rights to the land. Women always maintain rights to a piece of land in their natal home even if they marry virilocally. Through patrilineal inheritance women can only gain access to land through being wives. If they are divorced or widowed, they often lose the land that their husbands allocated them and are forced to return landless to their natal village with or without their children (Davison, 1997; Waterhouse, 2001).

In terms of marriage, instead of the bridewealth collected by the bride's kin in patrilineal marriages the groom performs brideservice for his future in-laws in the form of agricultural labour. The husband is invited to stay in the wife's village once he has proven his worth and is allotted a piece of land. If for any reason the marriage is dissolved the husband must return to his own natal village (Davison, 1997).

With regards to the children whose parents both come from matrilineal groups, these children belong to the matrilineage of the mother. The father can contribute to the care of the children in the household but overall he has limited control over his children. He instead has the control over his sister's children. It is often the maternal uncle who provides for the children's well being and even financial obligations such as school fees where he finds it possible. The matrikin are therefore an extended family support system that ensures social care for children if their mother dies. Their maintenance and care 'traditionally'⁷ is secure because they are seen to be matrikin members. They are also primary claimants of the property of their mother (Davison, 1997). The care of the elderly in the past was also secure - aged parents, who were too frail or infirm to work were cared for by their children.

3.4 Patterns of lineage, descent and marriage

Patterns of lineage and descent, marriage residence patterns and gender relations are always shifting as they interact and are subjected to change by the wider structural forces that occur in society. In the Shire Highlands, missionisation in the 1870s began to contribute to the erosion of Mang'anja (matrilineal) women's socio-economic power. Landeg White (in Vaughn, 1985) shows how the Church of England missionaries directly undermined Mang'anja land tenure and marriage practices by allocating mission land to Mang'anja men and not to women when they adopted Christian marriage. The Christians were determined to subvert the beliefs and practices of the matrilineal groups they came to dominate. Their attitude and belief was that women should be subordinate. They saw the matrilineal system as emasculating men. Men rather than women in matrilineal groups were more attracted to Christianity with its patriarchal social values. (Davison, 1997: 102). Malawian women were less inclined to convert because they were well aware of what they could lose.

As referred to in the previous chapter, the British settlers' policies of forced labour and expropriation of African lands had a significant impact on family structures and in particular the survival strategies of women and children. The system of *Thangata*,

⁷ It is important to point out that although there will be reference to what is 'traditional' throughout this thesis the meaning of "traditional" is under constant revision. It is not static and evokes particular

where males migrated to work as tenant farmers in the estate sector for example had a negative impact on most women due to the loss of male labour. This system had far reaching implications for gender relations of production in the Shire Highlands with women and children left to manage the bulk of the agricultural workload (Davison, 1997). Vaughn claims that where the 'demands on male labour were extreme (as on the Bruce estates in Chiradzulu) and the rewards particularly low, this could significantly affect food production and place food security in jeopardy' (Vaughn, 1987: 127). Although, there were many food shortages there was not a crisis of subsistence until the middle of the 20th century. One of the reasons for this was because women intensified their labour on food production and diversified their cropping pattern, in order that communities were saved from starvation.

Although gender relations of production were changing, matrilineal rights to land and inheritance continued to dominate due to men not being able to assert their control because they were away on labour contracts.

"The villages belonged to the women, and the rights to land (though ultimately removed from the hands of Africans altogether) passed through women. Whilst the men picked cotton for Bruce, the women ordered and organised the villages, grew the food crops and reproduced the communities" (Vaughn, 1987: 127).

In the Lower Shire Valley the colonial state was less successful in obtaining labour for the *Thangata* system. This was because the indigenous population, were successful cotton growers, who were able to produce a sufficient surplus to pay for the imposed *hut tax*. This meant that for the first part of the century the *banja* system of production was not threatened by the penetration of the capitalist economy. Husbands and wives worked together in producing their crops. In the early part of the century, the Mang'anja in the same region were able to adapt to the new demands of cotton production by capitalising on youth labour. They mobilised the labour of their children, the labour of their future son-in laws through the obligation of brideservice, as well as youth associations, whose members were required to work in the fields (Davison, 1997).

practices and beliefs based on the perceptions of those who defend it. See Hobsbawn and Ranger

Vaughn argues that it is fundamental we understand that 'the [Shire Highlands and the Lower Shire Valley] experienced the commercialisation of their economies in different ways with different consequences for inter and intra household relations'(Vaughn, 1985: 36). She explains, through her own historical analysis, that any examination of gender and household systems of production must be integrated into the wider context of capitalist development. The household unit has to be seen as a product of a wider network of social and economic relations (Vaughn, 1985: 36).

Migratory labour impacted on both the Mang'anja and Sena clans in the Lower Shire valley by the 1930s, the majority of men were forced to seek work further north or in the mines of South Africa and Rhodesia. Women were left to bear the burden of *banja* production alone with some receiving remittances from absent husbands and others forced to work doubly hard to support their families (Davison, 1993). Many women experienced mental disorders due to the increased economic hardship and deterioration of personal relationships due to their partners being away from home for such long periods. The misery of migrant work also caused mental disorder in the workers themselves and many turned to alcoholism as an escape and to prostitution for female company. Alcoholism tied workers more securely to the wage economy because money was needed to purchase alcohol. The disruption of the economic and personal foundations of family life led to the disintegration of long-established marital patterns and sexual mores and behaviour (Doyal, 1987: 115). As a consequence of men seeking out prostitutes the spread of venereal disease increased. Perhaps one of the most destructive legacies of the migrant labour system was the opening up of Southern Africa to diseases such as Tuberculosis and Venereal Disease. These diseases were rapidly spread amongst susceptible populations, not only in the work place but also in the rural areas.

Migrant males intensified ideological divisions over patterns of residence at this time. When they returned from working away they preferred to keep control of their land in their own matrilineal villages and to maintain control over their children rather than settle on their wife's land. By the 1940s, the scarcity of land became intensified to such a degree in the Shire Highlands that some husbands preferred their wives to live

(1983) and Spiegel *et al* (1991).

with them in their own natal villages where land was more available further north. Women's economic status declined, as the land and food production became less important as men's wage employment increased. In the 1950s there were many cases of divorce as women increasingly sought autonomy from their husbands in cases like this, desiring to remain in their natal villages (Davison, 1997).

Figure 3. Ethnic groups identified at independence in the Zambezi region



Source: Davison, J (1997)

Ethnicity and ethnic mingling also played a role in shaping changes in marriage and inheritance patterns. In the 1940s and 1950s, there was evidence of inter-ethnic marriage. The Yao, Mang'anja and Lomwe were all matrilineal so that such marriages strengthened the ideology of the matrilineage. On the other hand, patrilineal groups such as the Sena married into the matrilineal Mang'anja; and changes were experienced. The marriage often led to uxori-locality with no bridewealth being transferred and the children of such a marriage belonging to the wife's matrikin. In the reverse case if a Mang'anja man married a Sena woman, her Sena patrikin required him to pay bridewealth, whereupon he was allowed to take his wife to his matrilineal home village. The children in this case belonged to the husband's matrilineage. Although residence may have changed, descent patterns stayed matrilineal. Other groups, particularly where women realised that they would lose the

benefits of their control over their land by entering into a patrilineal group, were reluctant to marry out of their matrilineage (Davison, 1997).

By the middle of the 20th century, primarily due to the effects of missionisation and colonial capitalism in the form of migrant wage labour as well as the mixing of different ethnic groups, patterns of residence and marriage, and gendered relations of production were changing. It is interesting to note that authors such as Davison and Vaughn argue even in the 1980s and 1990s and Peters as recently as 2002, that although the latter were changing, patterns of descent in matrilineal communities were not being challenged (Vaughn, 1985; Vaughn, 1987; Davison, 1993; Davison, 1997; Peters, 2002). Men and women particularly in the Southern region, still adhered to the ideological construct that they were both connected to their female ancestors and that land should pass down the female line. Although women's power had been diminished in some respects, they still held secure rights to the land, even though as the century progressed their access to this vital resource was diminishing because of other pressures

3.5 The Great Famine of 1949

It is said that 'The Great Famine' in Malawi came about after 50 years of underdevelopment⁸ by the colonial state. It is useful to learn how the family and women coped at this time and to examine mechanisms through which families were able to take care of the elderly and children. In Vaughn's historical analysis of the 1949 famine in Malawi, she explains that an examination of such an event 'highlights the tensions and struggles which in normal times lie buried under the formal structure of social relations' (Vaughn, 1987: 119). Historical evidence is always scant on the micro relationships of marriage, kin and the family. A crisis such as a famine 'brings into sharp relief important areas of concern for which historical evidence is normally lacking' (Vaughn, 1987: 119).

During the 1949 famine, the need for men to migrate in order to find work and food was increased. Women were less mobile than men due to their child-care responsibilities and also their responsibility to farming the land. With less migrant

labour opportunities available during the famine because the drought that preceded it also affected production in the estate sector, many men travelled in the direction of their ancestral homes to seek the support of their matrilineal families in the north of the country. Many of these men never returned to their wives or stayed away until the end of the famine. The villages that men left had to adapt to their mass migration and were often left to starve as a consequence. Some women decided that the only way to obtain food was by prostituting themselves in towns (Vaughn, 1987). Women talk of 'how harrowing it was to be left responsible for their suffering and dying children' (Vaughn, 1987: 123). They also expressed bitterness at their husbands who sought sexual relations with other women in their natal homes, thus exhibiting the weakness of marital ties during this period of crisis.

Although women were capable of being self-reliant in normal times, the famine brought into sharp focus 'their dependence on agricultural-related activities and their lack of connection to the formal wage economy' (Vaughn, 1987: 131). For income derived from the formal wage economy women were dependent on men. Of course not all men would support their wives even if they were receiving regular remittances. Married women whose husbands had abandoned them, and wives of long-term migrants who did not send remittances home, came to constitute the most vulnerable group of women.

As a result of famine, women turned to their matrilineal kin for support. During the early stages, extended family support was extremely important in cushioning less fortunate women and their families from the worst effects of food shortage. Vaughn argues that 'had the household really been the only functioning economic unit in normal times, then presumably this form of sharing would have been more difficult to achieve during a crisis, and the level of suffering of the weaker would have been greater' (Vaughn, 1987). It is assumed that the sorority or matrikin were used to exchanging food informally and discreetly to support more vulnerable relatives.

As the famine deepened, the ability of the extended family to support relatives came under increasing strain. It seems that the units of consumption became smaller and

⁸ For an in depth discussion of the definition of underdevelopment see Bernstein (2000).

smaller. Husbands, living uxori locally were less willing to support their sister-in laws' families. They were not the most urgent priority, as under the traditional matrilineage system they were supposed to be protected by their elder brothers. People turned to supporting only their immediate families but even this eventually broke down. The extent of the crisis is surely emphasised by almost complete breakdown of family support. Vaughn notes that there was widespread theft and abandonment of the old and the young. Some mothers fed their children before themselves, other mothers couldn't cope emotionally with their children's suffering and in extreme circumstances decided it would be better to 'get rid' of their near starving children (Vaughn, 1987). Feeding camps were set up by the colonial authorities in a belated attempt to prevent the indigenous population from starving. The composition of camp inmates shows that it was the old and the young who suffered the heaviest burden of abandonment and starvation at the height of the famine.

"Most of the inmates of the direct feeding camps were either old people or children aged between three and twelve." (Vaughn, 1987: 46)

"People tried to forget the abandoned children and aged parents who had been left to die." (Vaughn, 1987: 48)

The 1949 famine provides a window on how kinship and gender relations adapted to extreme and 'abnormal' pressure. It appears that the women as the communities' main producers and carers experienced the greatest strain in supporting their families. It illustrates the fragility of marital ties within the matrilineal system. Some men took their obligations to their wives and children seriously but most felt that connections to their own natal family were a higher priority. The famine also highlights the importance of changes that capitalist penetration had brought to Malawi. The increased expropriation of African land by the estate sector resulted in families and communities having to become more dependent on cash resources. In times of severe food shortage, women who were normally self-reliant through their control over land and agricultural production found it almost impossible to survive without the advantages that men brought to the household in terms of their direct access to the wage economy.

“Scarce resource to land and labour migration had thus indirectly made women more dependent on marital ties for their economic and social security.” (Moore and Vaughan, 1994: 170-171)

By the time of the famine most families relied on a combination of sources of income and not purely the sale of agricultural surplus for cash. Those who did not have a link into the formal wage economy were left to depend on older forms of social security involving kinship links. (Vaughn, 1987:156) These social relationships saved many people from starvation but many others were abandoned and as a consequence didn't survive. During and after the famine up to independence it was women, children and the elderly who were the most vulnerable groups, fixed to the land and dependent on cash from absent men who frequently failed to send it.

3.6 Post-Independence

“Limited economic opportunities in the rural areas forced many working-age men to work and live away from home.....this phenomenon of outward male migration has been associated with social problems, including the weakening of familial bonds, and fragile marriages.” (Chipande, 1987: 317).

Since the colonial period there has been a steady increase in the rise in the number of households in Malawi with absent males. In Chipande's (1987) case study, male out migration and marital instability accounted for about 60 percent of the female-headed households. Chipande (1987), Hirschman & Vaughn (1984) and (Davison, 1993) have all conducted anthropological case studies in Zomba, in the southern region of Malawi. In a study of 70 women in 1984, Hirschman & Vaughn found that 45 percent of the women had no husband or that their husband was absent for much of the year. In 1992, Davison also found that 45 percent of the women interviewed in a labour allocation study, in the same district, headed their own households. 20.4 percent of these women were de facto female-headed households (Davison, 1993).

Chipande (1987) argued that female-headed households in Malawi in the late 1980s tended to have few extra resources (land, labour and finance) to allow them to engage in cash-crop production. They also had limited access to credit, extension services, labour saving technology and other forms of institutional support. Productivity

remained very low and they stayed at the lower end of the income scale because they were consistently excluded from the benefits of development.

“the development plans crafted in the post-independence period bore the mark of Western donor agency thinking, and as such were geared to economic growth based on integration into a capitalist world market. The newly created state apparatus in each country was dominated by a small cadre of male elites. Initially, little attention was given in the development plans of either country to the neglected needs of smallholder peasants or women – often one and the same”. (Davison, 1997: 145)

Women in Malawi between 1964-1983 were for the most part marginalized politically and economically, except for a small, educated elite. Their political participation was highly restricted and supervised by their compulsory membership of the Women’s League of the Malawi Congress Party. Women were neglected in the development process just as they had been by the previous colonial government.

The Malawian Ministry of Agriculture’s agenda clearly reflected Western patriarchal attitudes: Training for female agricultural extension workers was directed toward “home economics” while their male counterparts learned the innovations to improve agricultural production (Spring, 1988). Not surprisingly, it was difficult to recruit Malawian women to become “home craft workers” (Davison, 1997 143). There was little comprehension or acceptance by government of the crucial role that women played in agriculture (Boesrup, 1970).

The SAPs of the 1980s significantly compounded women’s poverty, making life even more difficult for women across Southern African region (See chapter one). Female-headed households in both rural and urban areas were adversely affected and their incidence increased. In the agricultural sector, the SAPs removed subsidies from fertilisers, other farm inputs and foodstuffs. With a decline in public spending, it was more difficult for women in female-headed households and the poor to gain vital access to health care and education. Women’s labour increased because most could not afford the seasonal hired labour they had previously depended on. The state and international development agencies had indirectly capitalised on ‘women’s triple role

as reproducers, producers and community carers' (Moser, 1993). Women found themselves extending their already demanding working day to meet the requirements of the reproduction of labour (Davison, 1997). This was the consequence of the neo-liberal macro-policy framework of WID policies⁹ that played an important role in restructuring responsibilities away from the State, as a provider of welfare and services and back towards women (Sen *et al.*, 1988; Moser, 1993; Kabeer, 1994; Waterhouse, 2001).

'In rural areas, the introduction of export orientated crops has often meant increased agricultural work for women with less time for the production of subsistence family crops, resulting in both increased intra-household conflict and worrying consequences for children's nutritional levels.' (Moser, 1993: 72)

Women only received credit inputs for crops required for export with a proven track record for promoting economic growth. This meant that women who did decide to take on these incentives neglected their production for the household. Female-headed households were less capable as Chipande (1987) and Peters (1996) pointed out, to take on the production of cash crops such as tobacco because the labour demands of these enterprises were far beyond the labour supply capacities and labour availability of the household. Women were thus very sceptical of the government and donor agencies' efforts to entice them into a development process that had negligible benefits for them. Women were much more likely to become spectators rather than players in the adjustment process.

"Before and after independence, in Malawi, policy makers instituted and perpetuated the inequity of "bringing men in" as primary players in agricultural development while excluding women, who historically have managed much of Malawi's agricultural production at the household level." (Davison, 1997: 102)

This chapter has argued that gendered relations of production are not fixed but adapt and change in response to pressures of the broader political economy. By the middle of the 20th century, patterns of residence and marriage, and gendered relations of production were changing, primarily due to the effects of missionisation and

⁹ See Moser (1993) for a discussion of Women in Development (WID) policies.

capitalism. Estate farming and the migrant labour system promoted the geographical movement of men and intermarriage between different ethnic groups. However, despite many pressures, patterns of descent in matrilineal communities remained unchallenged, men and women still adhered to the ideological construct that they were both connected to their female ancestors and that land should pass down the female line.

Nevertheless, over time despite holding secure rights to the land women's access to this vital resource diminished. Increasing land alienation undermined women's capacity to produce a surplus and in many circumstances even enough food for their families. The pressures women faced in supporting their family were compounded by the male out-migration. With a shortage of male labour at critical times of the agricultural year, women had to increase their productivity and spend less time on household responsibilities in order that the household could survive. In "normal" times male wages in part compensated for these losses, however at times of extreme pressure these arrangements were themselves threatened. The famine of 1949 illustrated how many migrant and absent men abandoned their wives and children and many of these women and children suffered starvation.

Across the century, the increasing pressures on the land, the subsequent increased need for male migration and a Structural Adjustment programme have served to compound women and children's poverty. Women and children living in female-headed households constitute the poorest and most vulnerable sector of Malawian rural society. In the Integrated household survey conducted in 1998, it was found that poverty is deeper and more severe in female-headed households and the poorest of the poor are more likely to be living in female-headed households (Poverty Monitoring System National Council, 1998). Peters (2002) noted in a recent article of how family members within the matrikin are less supportive of one another, due to land pressure and consequent conflicts over land, the increasing importance of conjugal ties and the nuclear household, increasing urbanisation and accelerating agricultural commercialisation. The next chapter examines how in the last twenty years the added factor of the HIV/AIDS epidemic has exacerbated the poverty of the poorest.

Chapter 4 - HIV/AIDS and Poverty

4.1 The Breeding Ground for HIV/AIDS

HIV/AIDS is having a devastating impact on the health and welfare of Malawian people. The HIV infection rate in Malawi is one of the highest in Sub-Saharan Africa and in the world. During the 1980's, the HI virus quickly penetrated the Malawian population and the consequences with regards to morbidity and mortality are being increasingly felt. The National AIDS Control Programme estimated in 2001 that infection rates in women attending antenatal clinics ranged from 10% in rural areas to almost 30% in urban areas. These high HIV infection rates in women of childbearing age point to equally high rates in the 15 – 49 age group. Many children are being born with HIV infection. (National AIDS Control Programme, 2001) According to extrapolations from antenatal survey data, 20% of the population of the 15-49 age group are infected by HIV/AIDS (National AIDS Commission, 2001). The infection in people aged 15-49 is concentrated in younger age groups, particularly women

HIV at first was treated differently from other epidemics and the link between the virus and poverty were obscured (Barnett & Whiteside 2002). However, HIV/AIDS is not dramatically different from other infectious diseases. Conditions of poverty and inequality are powerful contributing factors in its spread. Furthermore, HIV/AIDS exacerbates poverty, deepening inequality in Malawi and other countries in the Southern African Region. (Barnett and Blaikie, 1992; UNDP, 1997; Cohen, 1998; Farmer, 1999; Mutangadura *et al.*, 1999; UNAIDS, 1999; Bonnel, 2000; Barnett and Whiteside, 2002; Schoepf, 2002; Head, 2003; Global Policy Forum, No Date; Lyons, No date). This chapter examines the dynamics of that relationship.

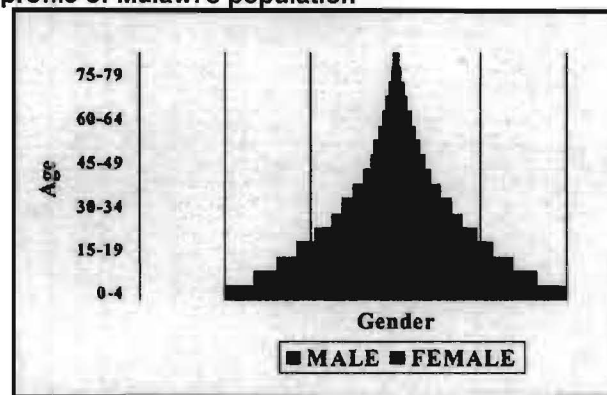
4.2 Health Indicators of poverty

Disease is socially patterned with certain groups being particularly vulnerable to disease and ill health. In particular the poor, the deprived, the marginalized, the very young, poor women and the elderly, typically bear the principal burden of infectious disease (Health Systems Trust, 2000). Mortality from many infectious diseases such as cholera, scarlet fever, measles, diphtheria, whooping cough and endemic pulmonary tuberculosis in the developed world all declined as living conditions

improved; before the introduction of effective antibiotic treatment and immunisation (Sanders, 1985). In the case of water-borne diseases such as cholera, typhoid and dysentery, access to improved sanitation facilities and clean water supply were critical. With regards to both airborne and droplet borne diseases, less overcrowded housing made a crucial difference to the reduction of disease transmission. Nutrition also plays a critical role in defining patterns of communicable disease as under-nutrition is a major contributing factor to patient susceptibility and recovery (Sanders, 1985). Improving the public's health therefore involves not only medical interventions but also measures to reduce or eliminate poverty and social inequality.

Life expectancy at birth and infant and under-5 mortality rates are particularly sensitive measures of the health and development status of populations. Characteristics common to all poor societies are a youthful age structure (Kibel and Wagstaff, 1997) and low life expectancy as well as high infant and child death rates. Health indicators and age demographics of Malawi provide evidence of the country's high levels of poverty. Figure 4 shows that the majority of Malawi's population is under 15 years old. In 2000 approximately 104 infants died per 1000 live births. The under 5-mortality rate was similarly high with 189 deaths per 1000. Even for sub-Saharan Africa these counts are high (National Statistical Office and ORC Macro Inc, 2000). The contrast between poor and wealthy populations is most marked when one compares Malawi's mortality rate with that of an industrialised nation such as the U.K. In 2001 U.K. infant mortality was only 5.54 per 1000 and the under-5 mortality rate was 7 per 1000 (Child Info, 2003). The contrast is similar with regard to life expectancy at birth which in Malawi was only 36.6 years in 2002 compared with 77.99 in the same year in the U.K. (Central Intelligence Agency, 2003). It should be noted that the presence of HIV/AIDS in Malawi alongside increasing levels of poverty have been the main factors responsible for the reduced life expectancy at birth to 36.6 years, the lowest life expectancy in Southern Africa (Haacker, 2002). The high mortality rates among infants and children under-five and low life expectancy at birth in Malawi are good indicators of the high degree of poverty and the population's increased susceptibility to a range of infectious diseases.

Figure 4 The age profile of Malawi's population



Source: (UNAIDS, 2001a)

The main causes of morbidity and mortality in Malawi are the diseases of poverty that are most prevalent in poor populations across the world such as diarrhoea, malnutrition, malaria and TB. The presence of HIV/AIDS exacerbates infection, and mortality and morbidity rates are increased as a consequence of these illnesses (Kibel and Wagstaff, 1997; Poverty Monitoring System National Council, 1998; National Statistical Office and ORC Macro Inc, 2000). The relationship between socio-economic circumstances and HIV/AIDS is discussed in greater detail below.

4.2.1 Diarrhoea, water supply and sanitation

There are many factors that lead to the relationship between diarrhoea, malnutrition and infection one of which is the observation that the prevalence of diarrhoeal illness is more closely related to socio-economic conditions than to climate or location (Seager *et al.*, 1996; Kibel and Wagstaff, 1997). In Europe and North America in the last 130 years, clean water supply has been one of the most important environmental changes responsible for the dramatic reduction in infectious disease (Okun, 1988; Seager *et al.*, 1996). Both separately and together water supply and sanitation have been shown to be controlling factors in the prevention of communicable disease outbreaks of a wide variety of bacterial, protozoic and helminthic infections, many of which are characterised by symptoms that include diarrhoea in varying degrees of severity (Okun, 1988; Franceys *et al.*, 1992).

The synergistic relationship between improved water supply and sanitation together confer greater health benefits than either alone. However, epidemiological evidence

from Esrey (1996) suggests that improved sanitation alone confers greater benefits to health than improved water supply alone and that improved sanitation is of more benefit to urban populations than their rural counterparts. Furthermore, with regard to water supply Ebrahim (in Kibel and Wagstaff, 1997) explains that many water borne diseases may be prevented not only by improving water quality but also by increasing its accessibility and therefore the daily quantity used for personal and domestic hygiene. Additionally to disease prevention, improved water supply and sanitation confers benefits such as improvements to nutritional status, time released for women, strengthened community organisation, promotion of commercial activity, and improved quality of life (Okun, 1988).

The Malawi Integrated Household Survey (Poverty Monitoring System National Council, 1998) indicated that 27% of Malawians do not have access to improved water supplies and 22% do not have access to any form of improved sanitation facility. Children are the most vulnerable to infection and death from faecal-oral disease caused by a lack of improved water supply and/or access to sanitation facilities (Esrey, 1988). In Malawi, children from homes using safe potable water and good sanitation facilities yielded 20% less diarrhoeal disease than children from homes without these facilities (Young and Briscoe, 1987).

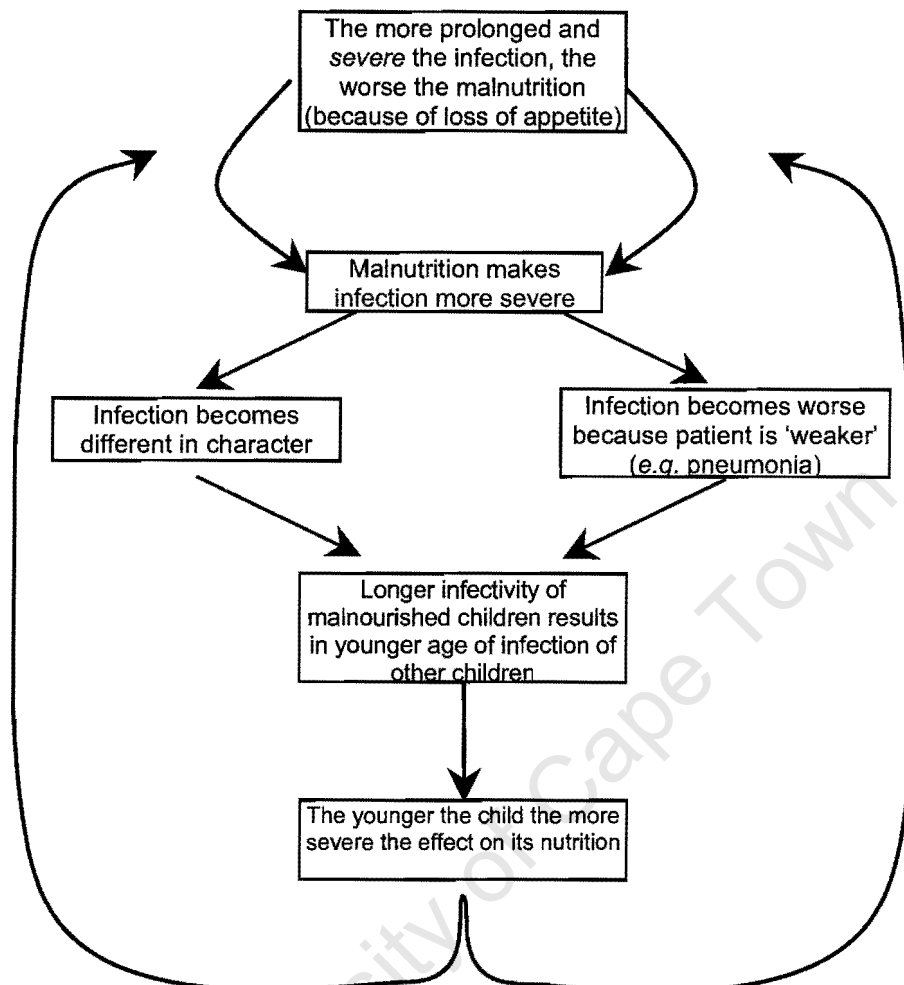
Children are particularly vulnerable to nutritional deficiencies because of their rapid growth and dependence on others (Kibel and Wagstaff, 1997). However, many of the bacterial, protozoic and helminthic faecal-oral diseases are also responsible for reducing host nutritional levels not least through the mechanism of symptomatic diarrhoea, currently the most significant global public health problem affected by water and sanitation (Sanders, 1985; Esrey, 1996; World Health Organisation, 2000). Approximately 80% of diarrhoeal deaths occur before children reach the age of 2 years but morbidity caused by diarrhoea before death is equally important in that frequent and recurrent episodes of diarrhoea cause deterioration in nutritional status. (Sanders, 1985; Kibel and Wagstaff, 1997). The absences of improved water supply and sanitation facilities are thus extremely influential determinants of infant and under-five mortality (Doyal, 1987).

4.2.2 Under nutrition

Under nutrition is devastatingly high in Malawi primarily as a consequence of many of the past political processes and historical circumstances outlined in Chapters 1 and 2 that led to a gradual reduction in dietary standards for the majority of the Malawian population. In 1998, the rural poor were reported to not be consuming sufficient calories from all sources to meet the recommended daily intake. 'Normal growth and development requires food that will supply sufficient energy and protein. If these two requirements are met, vitamin, mineral and trace element deficiencies are unlikely except in special circumstances'(Kibel and Wagstaff, 1997). Malawians have typically had neither sufficient energy nor protein intake but instead have had to make do with progressively more unbalanced diets, eating maize and maize products as their staple food (Kibel and Wagstaff, 1997).

People who are malnourished experience both more frequent and severe infections. Children who are severely under-nourished experience four times the number of attacks of diarrhoea per year as adequately nourished children. Under-nutrition is also exacerbated by prolonged exposure to infection (Sanders, 1985). Successive episodes of diarrhoea reduce 'appetite and make it more difficult for the body to absorb food and also increase the body's metabolism, so causing nutritional deficiency' (Sanders, 1985 :21). Under-nourished children are 400 times more likely to suffer death from measles than children who are well nourished. Due to these nutritional deficiencies children who are regularly exposed to faecal-oral diseases such as diarrhoea suffer stunted growth (Esrey, 1988).

Figure 5. The interaction of nutritional deficiency and infection



Source: Sanders (1985) *The Struggle for Health: Medicine and the Politics of Underdevelopment*, Macmillan.

Evidence of poverty and health inequities across rural and urban spaces in Malawi is revealed in the disparate health profile between these two environments. The rural population displays a diminished health status and therefore more prevalent poverty in contrast to their urban counterparts. The Malawi Household and Demographic survey (National Statistical Office and ORC Macro Inc, 2000) recorded that, 49% of children under-5 years of age were stunted and half of these were severely stunted (low height for age). A further 6% of children were wasted or too thin and 1% were severely wasted (low weight for age).¹⁰ The results showed that children living in rural areas of Malawi were twice as likely to be stunted as children living in urban areas (National Statistical Office and ORC Macro Inc, 2000). The survey also showed that between

¹⁰ Failure of growth is judged by inadequate weight or height gain.

1992 and 2000 there was no improvement in the nutritional status of children under the age of five.

The level of poverty and nutrition of the individual and household, like other infectious disease is an indicator of susceptibility to HIV infection (Beisel, 1996; Chandra, 1997; Morris and Potter, 1997; Scrimshaw and SanGiovanni, 1997; Lucas, In Southern African Regional Institute for Policy Studies, 2000; Head, 2003).

“Families lacking sufficient nutritious food are more vulnerable, as poor nutrition is closely linked with poor health. This in turn makes a person more vulnerable to HIV infection and can shorten the incubation period of HIV, meaning that symptoms appear sooner” (UNAIDS Programme Development Advisor Elesani Njobvu)

Unless there is effective intervention malnutrition and infection continue to aggravate one another (Kibel and Wagstaff, 1997) making susceptibility to HIV infection in a society where the virus is endemic an even greater risk over time.

Poverty is a fundamental determinant of malnutrition, with survivors becoming poor achievers and rooted in a cycle of impoverishment and low or decreasing nutritional status (Kibel and Wagstaff, 1997). The devastating cycle of impoverishment and malnutrition is often reproduced from one generation to the next. A mother's nutritional status both before and during pregnancy is an important factor in determining the weight of a baby at birth (Sanders, 1985). Women as the main bearers and carers of children are often a poor household's principal producer, as such these women are likely to be overworked and undernourished. Mothers in this poor state of health frequently give birth to underweight babies. Immature babies or low birth weight babies are the group most vulnerable to contracting communicable diseases which, as has been demonstrated, are most prevalent in poor populations. Furthermore, Bailey *et al* (1999) demonstrate that children of HIV positive mothers are more likely than children born to HIV negative mothers to suffer from under-nutrition, diarrhoea and respiratory infections that in most circumstances lead to a retardation in growth progression. Hunter & Williamson (1998) also point out that “children living in households with an HIV-infected member may be exposed to TB, diarrhoeal diseases, respiratory infections, or other opportunistic illnesses”. It is in

impoverished households where communicable diseases are endemic and one or more co-residents are HIV positive that children are most susceptible to the cycle of illness, malnourishment and the increased likelihood of further infection.

4.2.3 Malaria

Malaria claims more than one million lives each year in Africa, 90% of them are children. In 2000 there were 275 malaria deaths per 100, 000 people in Malawi (UN Department of Economic and Social Affairs Statistics Division, 2003). Malaria is a source of infection in the placenta of pregnant mothers that can result in immature or under-weight babies at birth. A child's intellectual development can also be impaired due to a reduction in foetal growth towards the end of a pregnancy when brain cells are multiplying rapidly (Sanders, 1985). The prevalence of Malaria in infants has grown since mothers have been encouraged to feed their children with formula milk rather than breast milk. These children no longer benefit from the protective antibodies rich in breast milk and have not yet built up resistance of their own (Sanders, 1985). It has been found that there is an increased risk of placental malaria in HIV-infected pregnant women (Chandramohan and Greenwood, 1998; Verhoeff *et al.*, 1999). It has been discovered in a South African study, Burundian study, Zambian study and Ugandan study that HIV positive people in the general population have an increased risk of severe malaria, this risk increases as the CD4 + cell count decreases (Leaver *et al.*, 1990; Niyongabo *et al.*, 1994; 1999; Cohen *et al.*, 2002). A study in Malawi suggested that malaria can cause faster progression of HIV disease (Hoffman *et al.*, 1999). It is also likely that Malaria infection depletes the immune system making carriers more vulnerable to contracting other communicable diseases such as HIV/AIDS and related infections.

The location and severity of malaria are mostly determined by climate and ecology (Gallup and Sachs, 2003). Nevertheless, the burden of the disease is often greatest among the very poor as they are least able to protect themselves or seek treatment. At the same time Malaria contributes towards deepening poverty. "In poor households a greater proportion of income is likely to be spent on malaria treatment than in richer households. Malaria illness can cause absenteeism from work and school and poor school performance, lack of labour for cultivation and a decline in child care; malaria

deaths can lead to funeral costs, loss of an income earner.... exacerbating inequalities in society” (Southern Africa Malaria Control, 2003). Malaria in Southern Africa is an important cause of poverty and a major impediment to socio-economic development.

4.2.4 Pulmonary Tuberculosis (TB)

The standard of nutrition of the potential TB sufferer is one of the most important factors in determining his/her level of resistance to TB; underfed families are especially at risk (Sanders, 1985; Doyal, 1987; Head, 2003). Furthermore, the level of infection in a community is of major significance. Payling Wright (in Head, 2003) found that overcrowded conditions increase the extent of contact and therefore the likelihood of contracting the disease. Head (2003: 6) writes, ‘tuberculosis is a very sensitive barometer of poverty. Even when the general level of infection is high in a society, only some people become ill. These people are concentrated overwhelmingly among the poorest strata of society’. TB can be cured but as Beyers’ work shows (Head, 2003: 10) even if people are cured, exposure to the social conditions where they contracted the infection, in the first place can lead to new infection.

There is a close and deadly synergy between TB and the HI virus, the former increasing exponentially as the latter spreads (see Corbett *et al.*, In press). People with tuberculosis have impaired immune systems that make them more vulnerable to HIV infection. However the HI virus also triggers tuberculosis in people who have been infected by the bacillus but are not symptomatic. TB has therefore been on the rise since the advent of the HI virus. According to Malawian national statistics there were only 4-5 thousand cases of TB in 1985, increasing to 20,000 cases in 1996 (National AIDS Control Programme, 2001). Unfortunately, there is no data available to show the social class distribution of these cases.

4.2.5 Sexually Transmitted Infections

There are high rates of sexually transmitted infections in Southern Africa. Diseases include “those that cause ulceration such as syphilis and Herpes simplex II (HSV-2), or discharges such as gonorrhoea, as well as chlamydia, bacterial vaginosis, trichomoniasis and ulcers”(Williams *et al.*, 2002). STIs have been recognised as an important co-factor in the transmission of HIV. People with STI’s are at a higher risk

of HIV infection during sexual intercourse due to open sores and lesions. Furthermore, people's immune systems are weakened by the presence of untreated STIs thus increasing the carrier's risk of contracting other communicable diseases. Additional infections not only compromise the carrier's immune system further but increase the likelihood that existing infections will worsen. Such circumstances in a context of poverty, under-nutrition and high risk of exposure to communicable disease can increase the probability of HIV transmission in both men and women by as much as ten times (McNamara, 1991; Parker and Patterson, 1996; Baylies and Bujira, 2000).

4.2.6 Patterns of Employment

Available land is rapidly being occupied in Malawi and the growth in the number of people seeking work is greater than the number of jobs available. Employment opportunities have been decreasing since the 1970s in the region. In Malawi, without a flourishing formal wage economy to turn to and a decline in the opportunities to participate in migrant work people have become more vulnerable to poverty. There are limited off-farm and non-agricultural income generating opportunities. Many poorer family members are working for wealthier families, "involving a range of relationships from protective patronage of a poor relative to the exploitation of poor villagers" (Peters, 2002 :177). Poor peasant farmers often have no option but to work for the richer families in the peak cultivation period before the harvest, resulting in less work on their own fields and increasing food insecurity for their families. These families work for food due to local shortages or because they can receive more food than cash and/or because of the hirer's own preference. The consequence for poor families is that they are caught in a cycle of poverty and under-nutrition where they are unable to produce a surplus for their own consumption or one that generates an income (Peters, 2002).

In Southern Africa the terms of trade have been turning in favour of manufacturing and against agriculture for over 25 years. Even though there has been an increased exodus of rural villagers moving to seek work in town, in urban areas there is increasing poverty due to a decline in real wages and a shortage of jobs. (Centre for Social Science Research in, Peters, 2002).

Many former migrants are now unemployed and landless with their families becoming increasingly destitute. Even so migration is still a way of life for many Malawian workers who migrate to the estate sector in search of work, to urban areas for manufacturing jobs or to other parts of Southern Africa.

Migration, whether, rural-rural or rural-urban is a firmly entrenched social and economic dynamic in Southern Africa that has become necessary for many poor people if they are to obtain a livelihood. It is a regional phenomenon with far-reaching implications. Lurie (2000) suggests that 'migration has been an important determinant of the spread of infectious diseases and has contributed to the extraordinarily rapid spread of HIV'(Also see Williams *et al.*, 2002). Migration is the vehicle through which HIV can be effectively spread through immuno-deficient populations; men seeking sex while working away from home, women providing sex for financial and food security to migrant men, as well as men and women connected through marriages that span urban-rural or rural-rural geographical spaces. People are at risk of HIV and STDs at both ends of the migratory movement. That migrants are more likely to be at greater risk of exposure to the HIV infection than non-migrants has been claimed by numerous studies. (Jochelson *et al.*, 1991; Head, 1993; Decosas *et al.*, 1995; Lurie *et al.*, 1995; Lurie *et al.*, 2000; Head, 2003).

4.2.7 Inequalities between men and women

Inequalities between men and women contribute greatly towards the spread of the HI virus. "Both men and women are affected by AIDS, but women particularly so, given how gender relations configure with sexual behaviour and economic security"(Baylies and Bujira, 2000:1). As discussed in Chapter 2, the majority of the absolutely poor in Malawi are women and children. Evidence suggests that women and children in female-headed households are the poorest and most vulnerable group in Malawi (Hirschmann and Vaughan, 1984; Chipande, 1987; Davison, 1993; Poverty Monitoring System National Council, 1998). Women in times of economic stress and limited livelihood options sometimes provide sex for financial or food security heightening their risk of exposure to HIV infection (Vaughn, 1987; Cohen, 1999; Baylies and Bujira, 2000). Commercial sex work is bound to thrive in contexts where women are poor, marginalized and unskilled (Campbell, 2000) and where social

welfare does not extend to them. Selling sex may be the only way they can support themselves. Bonnel (2000: 832) further argues that 'empowerment of women through greater economic independence is associated with a lower HIV prevalence'

That women often occupy weaker positions of power in their relationships with men renders them less equipped to negotiate for safer sexual practices such as using a condom (Farmer, 1999; Mutangadura, 2000). Women are also made more vulnerable to sex through violence (Baylies and Bujira, 2000; Henry J. Kaiser Foundation, 2001). In rural areas women tend to be even more disadvantaged due to their reduced access to formal education or skills training and critical services such as health care. In 1999, literacy levels testified to the gendered inequality in access to education in Malawi. Over 72% of Malawian men were literate compared to only 44% of women (Central Intelligence Agency, 2003). Without the prospect of being able to continue an education, evidence has shown across the SADC countries that women tend to marry earlier or to enter into high-risk sexual behaviour both of which increase their chance of HIV infection (Southern African Regional Institute for Policy Studies, 2000). Women's social risk of contracting sexually related infections is compounded by their physiology. The result of these combined factors is that the HIV infection rate in younger Malawian women aged 15-24 is about 4 to 6 times higher than in their male counterparts of the same age. (National AIDS Control Programme, 2001).

4.2.8 Access to and cost of health services

The lack of access to and the cost of health services is a critical contributing factor to the transmission of STDs and HIV. By the 1980s the quality of developing health services in Malawi was still extremely unsatisfactory. In 1980 according to the World Bank there was 41, 460 people per physician and 3,380 people per nurse. Furthermore, the health service distribution between different districts and between urban and rural areas was uneven (Chipeta, 1992a 126). The introduction of user charges as a part of the structural adjustment plan in the mid-1980s only served to reduce access to public health provision for the majority of poor Malawians. The removal of the subsidisation of health services and increased user charges made it increasingly difficult for people to access vital treatment. With increasing

deregulation and privatisation in the 1990s the situation has become worse (Mhone, 1992a).

Those who are poor and are already living with HIV find it difficult to gain access or to afford the necessary medication to prevent the onset of illnesses that define AIDS. With a decline in public spending due to the structural adjustment programmes in the 1980s and 90s it has become more difficult for the poorest of the poor to gain vital access to health care (Peters, 1996).

4.2.9 Limited educational opportunities

During the colonial period most ordinary Malawians were denied access to formal education. After independence according to Mhone (1992b) education policy continued to discourage the expansion of education facilities and enrolments, in order that the 'economic expectations of the population [be] kept within the limits of the economy's labour absorptive capacity and the government's limited budget'. The total primary enrolment rate was 64% in 1986, which was considerably below the 73% average for sub-Saharan Africa. Malawi's secondary school enrolment rate in 1986 was equivalent to the average in sub-Saharan Africa in 1965 (Mhone, 1992b: 17). Mhone argues that the government's education policies had two underlying objectives; firstly to ensure that cheap labour was available for the commercial agricultural sector and secondly to create an economically and politically docile labour force. The limited educational opportunities that were available to the economically active adult population before 1994, suggests that this generation may not as easily access preventative HIV/AIDS education as the elite who had been to school. They may therefore be less able to make informed decisions about protecting or improving their health status.

Limited access to educational resources associated with poverty, inadequate healthcare provision, limited employment opportunities, inequities between different social groups and associated employment patterns, gender inequalities that make women more vulnerable to poverty than men and the predominance of malnutrition and infectious disease are all contributing factors in heightening peoples' vulnerability to HIV infection.

4.3 The Impact of HIV/AIDS on poor households

That HIV/AIDS intensifies households and communities' level of poverty has been well documented. (Cohen, 1999; Thomas *et al.*, 1999; Barnett and Whiteside, 2000; Cohen, 2000; Goudge and Govender, 2000; Mutangadura, 2000; Barnett and Whiteside, 2002; Cohen, 2002; Sogaula *et al.*, 2002; Steinberg *et al.*, 2002) The capacity of individuals and households to cope with HIV and AIDS depends on their initial endowment of assets - both human and financial (Cohen, 1998). Thus the poorest in Malawi and other societies are least capable of coping with the effects of HIV/AIDS. HIV/AIDS clusters in families with both parents often becoming HIV positive. In time the family suffers both increased morbidity and mortality. (Cohen, 1998; Mutangadura, 2000). The death or illness due to AIDS of an adult reduces a poor household's income (Desmond and Gow, 2000; Desmond *et al.*, 2000; Lundberg and Over, 2000; Mutangadura, 2000; Namposya-Serpell, 2000) and AIDS affected households are made particularly vulnerable because the average dependency ratio is higher than non-affected households (Barnett and Whiteside, 2002).

Barnard (2002) argues that an HIV positive person will experience periods of good health inter-dispersed with periods of opportunistic infections that overtime culminate in the increasing debilitation of the infected individual. The continued good health and physical needs of an HIV positive person are dependant on, and often a heavy burden to, the household's already meagre resources. As the individual's condition worsens and she/he become unable to work the household's resources decline. In a recent study carried out in Malawi by Care International, almost all households reported a decrease in agricultural production due to loss of labour (Meera *et al.*, 2002). Sick household members are less able to assume household or care responsibilities. These responsibilities are diverted to other able-bodied family members, placing an increased burden on overstretched household members and further increasing dependency ratios (Mutangadura, 2000; Meera *et al.*, 2002).

Many households sell vital assets such as land and livestock in order to maintain the household's immediate survival and to support the care of sick household members and to cover the funeral costs of those who die (Pitayanon, 1995; World Bank, 1997). The sale of these productive assets that is essential for a household's future survival is

a strong indication of a household's failure to cope (Barnett and Whiteside, 2002). Without retaining such assets it is very difficult for households to rebuild in the future.

During the sickness of a household member, money diverted to the costs of medical care and washing materials places limits on the money available to meet the cost of other bills such as food and schooling (Bechu, 2000; Meera *et al.*, 2002). Consequently, the nutritional status of poor HIV affected households deteriorates (Barnett and Whiteside, 2002). A household's inability to afford an education for their children has drastic consequences for the social and biological reproduction of children, who may grow into adults with poor health status and limited skills (Cohen, 1998).

4.4 HIV/AIDS, famine and influenza

The fundamental difference between the AIDS epidemic and the Great Famine of 1949 (See Section 3.5) is that HIV/AIDS attacks the sexually active, productive adult population in the prime of their lives rather than the weaker members of society such as the old and the very young.

"HIV/AIDS has an adverse impact on economic performance since it tends to affect the adult and adolescent sub-groups who comprise the most productive and reproductive components of the population. Due to the negative impact of AIDS, many years of productive life are lost with the rise in infections." (Southern African Regional Institute for Policy Studies, 2000: 155)

AIDS has more serious long-term implications than the 1949 famine (See Chapter 2) because the capacity of a community to keep on producing to support its members is continually eroded with the increasing number of adult deaths. Conversely, famine leaves a greater number of the stronger and economically active adults alive to support those who have survived and to rebuild the community.

AIDS also differs from the 1918 influenza epidemic which, although like AIDS primarily infected the economically active generation, was a short wave epidemic. According to Phillips (1990), in 1918 in South Africa one million children were

orphaned in 6 weeks. South Africans responded quickly to the epidemic because its impact was instantly observed and felt by all. The epidemic was also short in duration so that the relief response to support families who were affected did not have to be a long-term initiative. Orphanages were provided for the children of white parents. Phillips assumes that the extended family that had not yet been subjected to the pressures of apartheid and long-term underdevelopment was adequately able to absorb orphaned African children.

HIV/AIDS is a long wave epidemic (Barnett and Blaikie, 1992) that has an increasingly devastating impact on populations over a longer period of time. In most of Southern Africa today, HIV infection results in the onset of AIDS in four to ten years' depending on the individual's initial health status. This means that the AIDS cases we are observing today are the result of HIV infection four to ten years ago. HIV prevalence is higher in most places than it was 5 years ago making it clear that the impact of AIDS worsens over time (Mullins, 2001).

For further analysis of the devastating interplay between a lethal pandemic and a century of underdevelopment in Southern Africa evidence is provided by the 2002 famine¹¹ in Malawi. This event resulted in several hundred hunger-related deaths although some estimates suggest several thousand (Devereux, 2002: 18). In terms of mortality the 2002 famine was worse than the famine recorded by Vaughn in 1949 that resulted in 200-recorded deaths (Vaughn, 1987: 162).

It may be argued that the famine in 2002 had a greater impact on the population than that of 1949 for two principal reasons. Firstly, as I have argued above there has been 53 additional years of growing impoverishment of rural people. Secondly, the HIV/AIDS pandemic has had twenty years to amplify the poverty of the poorest. It should be noted that in respect of these hypotheses that unlike the famine of 1949, the 2002 famine attacked the productive generation and not mainly the old and the very young.

¹¹ For a critical analysis of the famine that occurred in Malawi between January and April 2002 see Devereux (2002).

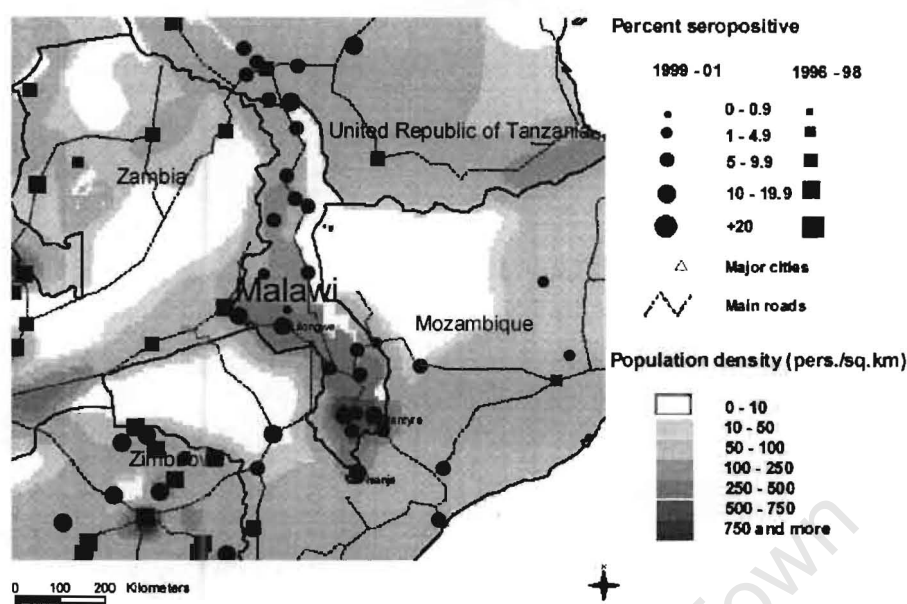
“Mortality peaked in February-March 2002, and was concentrated among three typical vulnerable groups: the very young, the elderly, and the already ill. Unusually, however it appears that healthy adults also succumbed. There are reports of adults becoming marasmic, and in extreme cases, even dying. In parts of Malawi the famine was known as the “swelling”, because malnourished adults suffered oedema that caused their lower legs to swell up shortly before they died”.(Devereux, 2002: 19)

Devereux also noted in his analysis that informal networks of support were placed under considerable pressure, contributing to what he coins a “breakdown in community solidarity”. It is difficult to measure whether informal networks of support are under more pressure in Malawi today than during the famine of 1949, which also caused considerable social breakdown (See Section 3.5, Chapter 2). Increasing poverty suggests that great pressure is already being placed on informal networks of support without the additional consequences of HIV/AIDS. Since this epidemic is killing able-bodied adults and leaving the burden of care of children to elderly relatives, primarily women, it is likely that many families are reaching breaking point and sinking into destitution.

4.5 The social cycle of HIV

The cycle of the HIV epidemic in Malawi displays typical characteristics that can be compared to other countries in East Africa. In the early years of the epidemic the disease is seen to spread most rapidly amongst the highly skilled or trained population group who are the most mobile. It is initially concentrated in urban centres, migratory and communication routes. Figure 6 reflects this initial geography of HIV infection but also shows that the virus is spreading to the rural areas of Malawi. According to Kanjaye (2001) the most hard hit public sectors in Malawi are education and health where the annual personnel death rate is 3% - six times the normal percentage of 0.5%. This extreme and prolonged loss of productive workforce threatens the overall productive capacity of the nation as a whole.

Figure 6. The geography of HIV infection in pregnant women



Source (UNAIDS, 2001a)

In Uganda, HIV first hit the urban areas on the main transport routes but quickly transferred to the rural populations where the virus hit the poorest of the poor hardest. Households already living in a context of poverty found themselves reduced to a state of destitution. Overall statistics indicate that the epidemic in Uganda has declined, with a prevalence rate of only 5% in 2001 (UNAIDS, 2001b). This average probably disguises different rates in urban and rural areas. Benn (2001) suspects that rates in the rural areas are actually much higher. He explained that the overall prevalence rate may be more indicative of urban populations that on the whole have greater access to AIDS education, have a disposable income so can afford condoms and more immediate access to health care and treatment. In the rural areas Benn suggested that HIV prevalence was actually as much as 19%.

If one examines global HIV/AIDS statistics it is unequivocally concentrated in the poorest populations (Global Policy Forum, No Date). In Malawi the highest HIV prevalence is reported in the poorest region of Malawi, the South, with up to 24.1% of people infected, compared to 17.5% in the Central Region and 15.9% in the North (National AIDS Commission, 2001).

If the Malawian epidemic follows the same cycle as that of Uganda, it is of great concern that the poorest people living in the rural areas will be the most impacted upon, unless their access to resources, health care, treatment and support, education and/or opportunity to increase domestic production and access to wages is improved. It is the poorest rural areas that are predominantly neglected by government policies across the Southern African region with dire consequences, as we shall see in the next chapter.

University of Cape Town

Chapter 5 - The legacy: Orphans in Nguludi, the empirical study

“There is this AIDS caught around here, so most of the people die a lot, so you find kids, a lot of kids are made orphans”. (Community volunteer, Likoswe Village)”

470, 000 children are estimated to have been orphaned since the beginning of the HIV/AIDS epidemic in Malawi (UNAIDS, 2001a)¹². The question of what happens to these orphans in desperately poor communities is therefore an important one. It was stark figures like these that first prompted my interest in working in cooperation with St. Mary’s community based organisation in Nguludi Mission Community, Malawi. As an undergraduate involved in a university-based development NGO, I successfully secured funding to support a programme run by St Mary’s CBO, for orphaned children. I spent one year between 1999-2000 working actively with the CBO in Malawi.

While working in the community I carried out a census of orphans in order to better understand the number and lifestyles of local children orphaned due to AIDS and to assess how a practical development project established to help orphaned children might serve them best. The data was collected before I completed a course in research methodology at the University of Cape Town. I subsequently decided to revisit my empirical data in the light of knowledge gained there. This chapter therefore engages in a dual process of interrogating and critiquing the research data.

5.1 Locating Nguludi Mission Community

Nguludi Mission Community is located in the Southern region of Malawi, in Chiradzulu District (see City Map, p.2). The population of this area is approximately 150,000. There are in the region of 150 villages within a radius of 10 Km. The population density is about 300 per square kilometre, the highest density in Malawi.

Nguludi Mission Community is about an hour’s journey (using a good 4 x 4 vehicle), away from the commercial centre of Blantyre. ‘Nguludi Turn off’ as it is commonly known is where the old road to Mulanje turns towards the community. It is here that

the road deteriorates to a potholed, dirt track that is both difficult to drive or walk on. The dirt track is set in spectacular scenery with mountains and rocky outcrops in the distance, maize fields, wattle and daub huts and the swirl of village life either side of it. About a 5 kilometre walk away is Nguludi village where a Catholic Mission was established, with its proud church standing at its centre. St. Joseph's Mission Hospital is also based in Nguludi and serves the expansive population of the surrounding villages.

Returning about 3 kilometres down the road towards 'Nguludi turnoff' there is a second turning to Montfort village. It is here that a group of Dutch Catholic Brothers, from the 1960s onwards, began to construct educational institutions to support the Catholic Church's presence in the community. Here, you can find Pius VIII Seminary that is home to about 10 priests, and a school for boys. The Oblates Brothers who live on the opposite side of the road - are a congregation who run carpentry and mechanics workshops and a maize mill to support themselves. Near the Brothers' Seminary, is St. Mary's Orphan Centre, a teacher training college, a school for the blind and a school for the deaf, a primary school and the Maryview Nun's Convent. The main residences are those that house the teachers and the students training at the college. There are good, paved roads adjoining the majority of these institutions and all have electricity and running water.

In contrast, the surrounding villages have no electricity or running water. The main access to water is via rivers or from hand pumps. The principal types of accommodation are wattle and daub huts, most of which seem to have associated pit latrines. With no electricity, the villagers' main fuel is paraffin that they have to travel quite some distance to obtain. To travel most people in the villages walk, use bicycles, hitch for rides or use the local bus which only stays on the main road, and does not travel into the villages.

The area is predominantly agricultural with women and children typically working the land while men migrate to the towns and the estate farms to find work. In Nguludi, as

¹² Definition of orphan is a child under the age of 15 years who has lost only their mother, only their father or both parents to AIDS.

in much of the southern region of Malawi, peasants have been undergoing accelerated proletarianisation since the colonial period, largely due to land pressure, and the encroachment of large-scale commercial farming and the legacy of labour obligations imposed during the colonial period. Here, it has become increasingly difficult for peasant farmers to derive a sustainable livelihood solely from the land. Like much of the rural hinterland of South and Southern Africa, the demography of Nguludi reflects its migrant past. Many able-bodied men, and increasingly women, are away at work, or seeking work, leaving a disproportionate number of elderly women and young children in the countryside – eking out an existence from their tiny patches of land, assisted by migrant remittances, where they exist.

The Catholic brothers had for some years been concerned about the growing impact of HIV/AIDS on the community, consequently we decided to conduct a census of orphans in their project catchment area as a prelude to an intervention, to assess the level of need.

5.2 The Census¹³

The census included 15 villages on the eastern side of Nguludi Mission Community. These were the villages that the CBO had been supporting for a number of years and wanted them to be the first to take part in the research. The CBO acknowledged that if they increased their capacity they would possibly be able to move onto researching and supporting households in other villages. Our objective was to interview each guardian who cared for an orphan as well as each orphan who lived under the guardian's roof. The first part of the census was focussed on the children. I believed that their responses should be valued, as they were to be the main beneficiaries of the project. The second part of the census was focussed on the guardians of the children.

The primary focus of the census was to discover the number of orphans across the 15 villages in the year 2000 as well as to identify and register households to be assisted by the CBO and the orphan centre. The census was designed to collect base line data on the households who were caring for orphans so that the community would be better equipped to understand the challenges that the different households were facing.

The CBO and community volunteers working with St Mary's Orphan Project were involved at every stage of the census, from design to practical implementation. A number of meetings were held with the local Malawian CBO, other community members and staff from St Joseph's Hospital public health team to identify the key questions to be included in the questionnaire. There were some limitations in the design of the questionnaire that I will acknowledge in discussion throughout the course of this chapter.

The questionnaire was conducted in the local Chichewa language and translated back into English with the assistance of CBO staff members. The staff members who assisted with the translation were fluent in both Chichewa and English. Staff from St. Joseph's Public Health Team and CBO members agreed to act as field workers. Community volunteers¹⁴ identified households with orphans and took us to their homes. We were subject to the community volunteers' selection of 'orphan' households but all villagers could not help but be fully aware of the census and if community volunteers overlooked any households we were soon informed of their existence by other community members.

The key challenge to the effective implementation of the census was that the interviewers had no prior experience of interviewing. Consequently I first trained the interviewers in the use of the questionnaire and accompanied the field workers to all of the households targeted by the census in order to provide technical support. At the end of each day the team would meet so that fieldworker's progress could be discussed and further support offered. Nevertheless errors did occur due to limited experience and personal values and opinions that were difficult to negate during the research process. Although there were limitations in the design and implementation of the census, the information it yields remains extremely informative and useful.

5.3 Ethnography

The census was captured in unison with a written ethnography that involved participant observation and in-depth interviews with key informants. This multi-

¹³ See Appendix 1 for the Census Questionnaire.

¹⁴ Community volunteers were residents of the 15 villages who worked with the CBO to support the CBO's projects.

method approach of using both qualitative and quantitative methods served as a crosscheck regarding the accuracy of information as well as to stimulate more enlightening discussion.

One of the qualitative data gathering methodologies used was that of participant observation. It is noted that this technique covers a broad spectrum of types of participating, from full participant, living and working in the field, to a silent observer (Jorgensen, 1989). Ely *et al* (1991) note that it is possible to “find a level somewhere between these extremes” and that the role adopted will depend on the opportunities each setting provides. Participant observation aims to focus emphasis on meaning, to observe or interview people in their homes and work places. Participant observers have the capacity to look behind the scenes and bring to the centre stage aspects of societies that would normally be inaccessible or invisible.

I spent a great deal of time fully immersed in the community, living first with local priests at the local seminary and then with the Catholic brothers at the orphan centre. The priests and brothers provided me with a historical, cultural as well as a religious perspective on the life of the community. I worked closely with the community-based organisation that was made up of local Malawian men and women of different age groups, genders and different social positions. I also had daily contact with people who lived in the villages surrounding the orphan centre. Also through visiting each of the households that took part in the census, I was able to observe and interact with the research participants

From observing and engaging in conversation with these various members¹⁵ of the community I was able to improve my understanding of their social and cultural world. This sensitive contact with their living context fostered a deepened and more empathetic knowledge base. However, it is worth noting that this knowledge is never objective, but always subjective in nature. The researcher interprets surroundings and the social situation goes through a process of metamorphosis, the social reality takes on a different meaning, from observation, to the researcher’s mind to written text. Bourdieu (1991) argues that we must be aware that when we textualise data into

¹⁵ The Key Research Participants will be given pseudonyms.

ethnographies, the process of transformation and translation must be seen to be subjective interpretations that objectify social situations and fix actions in time and space. Following this logic, while it may not be possible to discover “the truth” the researcher can at least seek to understand (albeit imperfectly and from a particular perspective) how social institutions work and how people, in a specific place and time, interact with those institutions both individually and collectively.

Here I acknowledge the fact that as an outsider I may bring many values and biases to this study that I am unaware of due to my own accumulated cultural and social experiences. As a white, Welsh, female researcher I will have approached this research with ideas and prejudices that are a consequence of my own ethnicity, gender, class and nationality. Like all research we can only try to be sensitive to the nuances and explicit about them and let others judge the validity or not of our findings.

5.4 The Case Study Approach

With the assistance of further study and the benefit of hindsight, I now understand that the research process I carried out can be described as a case study. Case studies have been defined by Yin as ‘an intensive holistic, description of a single instance’. Case studies can use a combination of research methods, both quantitative and qualitative (Yin, 1989: 21). There are a number of advantages to using a case study approach. ‘It allows in-depth focussing on shifting relationships, it captures complexities, it allows a focus on the local and sense of the participants in the case, and it provides readable data that brings research to life that aims to be true to the concerns and meanings under scrutiny’(Edwards and Talbot, 1994: 48).

There is a concern, that case study research cannot be replicated. Case studies are criticised because of their lack of generalisability; for instance, one of the concerns often expressed of a qualitative case study approach is that it is not possible to make inferred generalisations from research findings. Both the quantitative and qualitative data focussed on a specific and geographically small catchment area. The data therefore may not be considered as representative of the wider Malawian population. However, Blaikie (2000) argues that,

“ Case studies of whatever form are a reliable and respectable procedure of social analysis and ... much of the criticism of their reliability and validity has been based on a misconception of the basis upon which the analyst may justifiably extrapolate from an individual case study to the social process in general. [When using a case study approach] the inferential process turns exclusively on the theoretically necessary linkages among the features in the case study. The validity of the extrapolations depends not on the typicality or representativeness of the case but upon the cogency of the theoretical reasoning.”

From this basis Mitchell (In, Blaikie, 2000) talks of ‘logical inference’, Yin (In, Blaikie, 2000) talks of ‘analytic generalisation’ or ‘replication logic’. Both argue that through this process, generalisations from case studies can be successfully made into the wider population.

“Statistical inference is the process by which the analyst draws conclusions about the existence of two or more characteristics in some wider population from a sample of that population. ‘Logical inference’ is the process by which the analyst draws conclusions about the essential linkages between two or more characteristics in terms of some set of theoretical propositions.” (Blaikie, 2000)

According to Yin, case studies have been particularly useful for informing policy because processes, problems and programmes can be examined to bring about understanding that can affect and even improve practice (Yin, 1989: 33). Sensitive research questions or policy recommendations can be applied to other places experiencing similar challenges.

5.5 Results

5.5.1 Concepts of Orphanhood and Orphan care

The definition of ‘orphan’ for the Nguludi survey was agreed on by the CBO. An orphan was defined as,

‘a child or young person up to the age of 21 years whose biological parent or both parents had died.’

The CBO decided that they would not adhere to the UN/UNICEF definition which at the time defined a child who has lost solely their mother or both parents to AIDS and who were alive and under the age of 15 years¹⁶ (UNICEF, 1997). Nguludi Mission Community is predominantly a matrilineal community where it is the death of the mother who primarily qualifies the child to obtain the status of orphan. According to a local priest he was aware that in the rare cases where a husband survives his wife he will be allowed to take on the role of looking after his children only if he is willing and deemed capable by the matrilineal family. Otherwise a volunteer from the mother's side takes on the role of caregiver.

“Around Nguludi area we have a matriarchal system so the death of a mother qualifies a child to be an orphan even when the father is still alive. Such children usually go to stay with members of the mother's family”. (Local Priest)

As was learned in Chapter two, children in matrilineal communities belong to the matrikin and are primary claimants of the property and land belonging to their mother. Traditionally it is expected that upon their father's death children will be taken care of by their mother or their mother's female kin, Table 1 supports this. Table 2 shows that when a child's mother died the burden of care predominantly fell upon the child's matrilineal grandmother, with 58% of children in the 2000 census being cared for by this relative, followed by the matrilineal sister and thereafter the orphan's sister. When the mother died only 3% of fathers took on the responsibility of caring for their children. Note that in each case the preferential order of kin to care for orphaned children appears to be the same with regard to the matrilineal grandmother, matrilineal aunt followed by the child's own sister before patrilineal or male kin become involved.

¹⁶ Note that the UNAIDS *et al* (2002) definition of orphan has changed since 1999/2000, which at least illustrates that UN Agencies are learning some lessons from people at grassroots. Their definition still according to many is too narrow see Giese *et al* (Forthcoming). The UNAIDS definition of an orphan in 2002 was “a child who has lost only their mother, only their father or both parents to AIDS and were alive and under the age of 15 years” at the time of reporting.

Table 1. Guardian's relationship to the child after the father's death (Nguludi Mission Community 2000)

Relationship to child	Number	Percent
Mother	170	53(%)
Matrilineal Grandmother	86	27
Matrilineal Aunt	30	9
Sister	19	6
Other ¹⁷	17	5
Total	322	100

Table 2. Guardian's relationship to the child after the mother's death (Nguludi Mission Community 2000)

Relationship to child	Number	Percent
Matrilineal Grandmother	176	58(%)
Matrilineal Aunt	66	22
Sister	25	8
Grandfather	12	4
Father	8	3
Other ¹⁸	14	5
Total	301	100

Table 3. Guardian's relationship to the child after the death of both parents (Nguludi Mission Community 2000)

RELATIONSHIP TO CHILD	Number	Percent
Matrilineal Grandmother	78	59(%)
Matrilineal Aunt	22	17
Sister	18	14
Grandfather	8	6
Other ¹⁹	7	5
Total	133	100

This contrasts with Monk's (2000) study of orphans in Luwero district in Uganda, a patrilineal community. Here, primarily the father and the father's family took on the care responsibility of children when the mother died. It is expected in cases of paternal death that the children and the husband's home will become the responsibility of the patrilineal relatives with the mother losing both. If a mother decided to keep her children and her husband's home upon her husband's death she was made particularly vulnerable because in most circumstances she did not have the support of her patrilineal relatives. Monk argued that what he coined 'widow-headed' households were amongst the most vulnerable, due to a lack of extended family support and the challenge that a mother with children faces in attracting a new husband. If a woman remarries, the new husband often refuses to adopt her children

¹⁷ The other guardians to the orphans were: Grandfather, uncle, stepmother, brother

¹⁸ The other guardians to the orphans were: Uncle, stepmother, brother

¹⁹ The other guardians to the orphan were: uncle, brother

from a previous marriage because he does not see the children as his responsibility. Waterhouse (2001) in her case study in Mozambique also illustrated that women are particularly disadvantaged under patrilineal systems where women's access to land depends largely on marriage and women are vulnerable to losing land rights in case of divorce or widowhood.

By contrast if the father of children dies in Nguludi Mission community the children are secure with their mother because her rights to property, land and her children are protected by the culture of matriliney (Vaughn, 1985; Vaughn, 1987; Davison, 1993; Davison, 1997; Waterhouse, 2001). If the mother dies the children are still often secure because they are cared for by their matrikin. As is seen in the results above it is the grandmother, followed by the mother's sister or the orphan's sister that take on the care role. Even though the results did not show in many cases that the orphan's uncle took on the role of guardian, he may well have played a significant role in their lives. The mother's brother is supposed to provide financially and materially for the needs of his sisters' children and in many cases according to participants this is still the case.

However, it is important not to idealise the matrilineal system of coping with orphaned children. It is by no means a perfect solution. Some grandparents might find it particularly difficult to provide for both themselves and young grandchildren. (See Section 5.3.3). For the children themselves orphanhood in a matrilineal kinship system can also be fraught with the dangers of relatives who may not wish to live up to their cultural or social responsibility.

The survey focused on the households that included at least one orphan. It was not designed to investigate the possibility of extra-household members contributing to and supporting the household unit. From my subsequent review of the literature concerning the concept of household (See Section 3.2 above), I now believe that it would be extremely productive to carry out further qualitative research that empirically investigated the theorisation of 'household' that analysts such as Peters (1995) Vaughan (1985; 1987) Murray (1987) Spiegel (1996) Ross (1996) employ. All deny the neo-classical economic or essentialist view of the household; arguing that within the developmental cycle of any domestic unit the household can change its

shape and form over time with resident as well as non-resident members and external macro processes contributing to its structure. For example in this study, even though the uncle does not become the resident guardian of orphans in matrilineal Malawian communities, he does have much influence over the lives of his sister's children.

"The Uncle is obliged to offer financial assistance and support to these children throughout their lives. If the uncle is at all well off he will meet this obligation".

(Community member, Nguludi Mission Community)

It would be interesting to conduct in-depth interviews with a random sample of grandmothers in the Nguludi Mission Community to try and determine how much support they are receiving from their sons to assist with the care of their daughter's children, as well as learning how much support other matrikin are able to provide as they become increasingly overstretched due to the economic climate and the impact of AIDS.

Table 4. Missing fathers (Nguludi Mission Community 2000)

Father	Number	Percent
Dead	322	60(%)
Alive	8	1
Missing	211	39
Total	541	100

60% of fathers were reported dead, but there is also a great deal of missing information regarding fathers. Of the 40% of fathers who may still have been alive, 39% of guardians had no knowledge as to the condition or the whereabouts of the fathers of the children in their care. It is possible that fathers were either dead or that they had followed the tradition of leaving the responsibility of care to matrikin and moved off matrilineally owned land upon their wife's death. It may also be, as pointed out in Chapter 2 that men may have left to pursue some form of migrant labour and settled at their place of work finding better opportunities there and choosing not to return to their wife and children.

Even though the loss of the mother in Nguludi was seen to be the most significant parental loss to children the CBO decided that the loss of support from a father was important to the welfare of children. They deliberated that he could have been an

important contributor to the welfare of the household through both labour and income before his death or migration out of the family home. They therefore wanted to include the loss of a father in their definition of 'orphan'.

"Most of them are women who take care of these orphans". (Community volunteer Katagu).

Approximately one third of the guardian sample, were single mothers with an average age of 36 years caring for 2.9 orphans.²⁰ We know that the mothers are single mothers by virtue of the fact only 8 orphans in the data set were cared for by their father and in all of those cases the mother was dead. As discussed previously, in Malawi the loss of male support can often have serious repercussions for the well being of a household. Men are more firmly attached to the wage economy. When a wife's husband becomes ill a woman diverts time that would otherwise be spent caring for children on carrying out income generating activities or agricultural labour in order to look after her family. A proportion of household income may be diverted to medical expenses to keep the husband alive and upon the husband's death an expensive funeral must be paid for. After a father's death the family's situation only worsens. A wife with depleted cash reserves and lack of labour support is forced to work more hours to care for the welfare of herself and her family. According to a research participant, some women in Nguludi were turning to prostitution to assist with household food security.

"People they are just doing it because of poverty, the prostitution.....so in doing maybe they have to get a little money, this is why they do prostitution". (Public Health Assistant)

Here the public health assistant clearly links one of the causes of local prostitution with poverty. Here women primarily turn to prostitution because they have limited means of generating an income. Although women living in female-headed households in matrilineal communities may not be as likely to lose their children, access to land or support from extended family as compared to female-headed households in

²⁰ It was noted by Urassa *et al* (1997) that households with orphans were more likely to be female-headed.

patrilineal communities, they still experience the loss of the support that their husband brought them in terms of labour and income.

In times of natural disaster such as famine, it is often single women and their children in matrilineal communities who are made the most vulnerable. Women as argued in Chapter 2 are not as firmly attached to the wage economy as men and are more dependent on the land consequently when the land is not productive they are more likely to suffer from malnutrition and poverty related diseases. The land is, in most cases, apart from extended family members' support - their only safety net. If as is proposed; government policies aim to change matrilineal inheritance to equal land inheritance rights for men and women – there is a danger that in a patriarchal state such as Malawi, women in matrilineal communities may lose their most valuable asset, making women and children even more vulnerable to poverty.²¹

Community members also saw young people above the age of 18 as orphans if they were still a drain on the household's resources; for example if they were male orphans who were unemployed or male and female orphans continuing their education, or if they were vulnerable in some other way, for example, if they had learning difficulties or were physically disabled and needed support. Monk (2000) also found that children over 15 years were still dependant on their guardians and therefore still a burden on their households. Both studies argue against the UN definition that fixes the age of orphans under the age of 15 years.

From early observations it was apparent that local people and the CBO members were more interested in who they considered to be vulnerable children rather than the traditional western concept of an 'orphan'. They were most concerned about children who suffered from a lack of resources, which may have been through the death or sickness of a parent or parents or simply children who were incapable of supporting themselves. It is interesting to note that the CBO members also wanted to consider children whose father had left/separated/divorced from their mother.

²¹ (Kandodo, 2001) for further information on proposals for governmental land reform

On reflection it is possible that the community adhered to the predominant international development discourse surrounding the concept of “orphan” to serve their need to channel funds and support to children and families they considered to be poor and vulnerable. In the census of orphan households there were no orphans living without guardians. This suggests that the extended family in 2000 was managing to absorb parentless or motherless children in Nguludi. The low incidence of child-headed households has been noted by other researchers who have studied the rise in the number of orphans in other countries that are further into the cycle of the epidemic. (Ainsworth *et al.*, 1995; Urassa *et al.*, 1997; Monk, 2000; Gilborn *et al.*, 2001) However, guardians in Nguludi said that they were feeling the strain of looking after their relative’s children but that these children were not living alone.

This study did not set out to focus on children who may have not been orphans but had been fostered. Child-fostering is a common practice throughout Africa (Renne, 1993; Bledsoe, 1994; Castle, 1995; Henderson, 2003). Many children do not live with their biological parents which means that orphaned children may consider themselves less different than in a context where the norm is for children to live with their biological parents (Urassa *et al.*, 1997).

This helps us to understand that western concepts of ‘orphanhood’ are actually quite contradictory in a Malawian context. The concept of orphanhood is socially, culturally, politically, economically and historically constructed. The word ‘orphan’ has a variety of different meanings and significances for people living in different contexts. The concept of orphanhood may also be one that is external to a community, one that is co-opted and adapted in order to secure and attract benefits for the people living within that community. It may be a concept imposed by people working for international aid agencies, drawn from a very different experience with quite different meanings.

“Childcare among Malawians is both a collective family and community responsibility as much as it is that of the nuclear family. The typical, traditionally brought up Malawian child is a product of this system. He or she has several ‘mothers’, ‘fathers’, ‘uncles’, ‘brothers’ and ‘sisters’ or grandparents besides the biological relations, who take part in his/her socialisation. Concepts such as ‘mother’,

‘father’, ‘brother’ are not restricted to biological relations, but to all blood relations”.
(Kalembe, 1998)

What can be learned from these findings? Firstly, international donors, who are caught up in supporting orphans that satisfy their own sense of the word, should initially analyse which children recipient communities consider to be vulnerable. Orphans in all cases may not always be the most vulnerable children in the community. In many areas of southern Africa the concept of ‘orphan’ is an alien one. In neighbouring Zambia, a *Zambian Situation Analysis of orphans* (UNICEF, 1999) discovered that there was no actual word for ‘orphan’ in the local language. Rather than being moved by the power of the word in the western sense, it could be argued that instead of focussing on ‘orphans’ analysts should talk of ‘vulnerable’ children as defined by the communities in question.

Families in Nguludi were also opposed to the word ‘orphan’ being used to label children who had lost their biological parents. The definition of the word contravened their custom of absorbing children into the extended family. Blood relatives considered the child to be a part of their family. They argued that giving a child the special status of ‘orphan’ stigmatised the child and made them feel as if they were different from the other children who are living in the household. They added that to favour an orphan with food parcels, school uniform and the like, stigmatised the child further and caused jealousy in and between households. The idea of supporting individual orphans went against local peoples’ concepts of family.

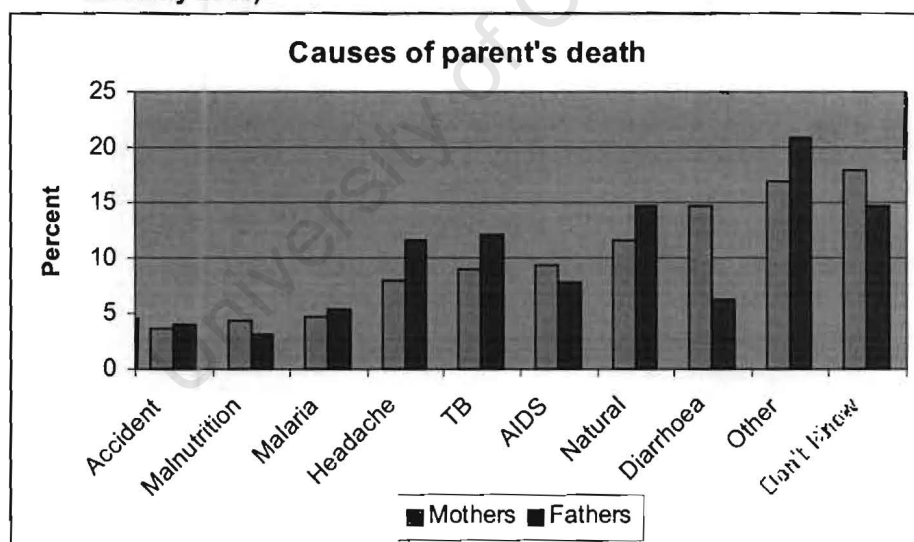
Families in Nguludi exhibited a strong desire to try to support the needs of children who have lost their biological parents themselves. Community members frowned at the idea of an orphanage, seeing it as an institution that would take the children away from the community and separate them from their family. This does not mean that all people worked in harmony under the burden of looking after these children. The ‘traditional’ mechanism of children being cared for by blood relatives was being considerably stretched. Fortunately governments of the Southern African region, including Malawi see institutional care of children as a last resort (Botswana Ministry

of Local Government Lands and Housing: Social Welfare Division, 1999; UNICEF, 1999; Keatley, 2002; Giese *et al.*, Forthcoming).

5.5.2 Causes of parental death and rise in the number of “orphans”

The census revealed that a significant percentage of parents had died of AIDS and AIDS related illnesses in the late 1990s. The principal AIDS related illnesses were TB, diarrhoea and malaria. 36% of mothers and 31 % of fathers were reported to have died from AIDS or one of the three related illnesses. That more women have died of AIDS related illnesses supports other evidence that women are more predisposed to catch HIV than men (See Chapter 4). The results of the main causes of death reflected here were backed up by individual testimonies of medical staff at the local Mission Hospital. Further research is much needed in order to clarify the local associations with the terms headache, natural causes and even “don’t know”. It is possible that the terms headache and natural causes could be a mask for AIDS related illnesses.

Graph 1. Cause of parent's death as reported by guardians (Nguludi Mission Community 2000)



‘Don’t know’ was a category included in the household questionnaire to measure the number of guardians who either genuinely didn’t know what parents had died from or did not wish to disclose the cause of death. That ‘Don’t know’ was the most popular response for the cause of death of both mothers and fathers might illustrate the complexities of carrying out quantitative research on such a sensitive subject as

HIV/AIDS, which because of its association to sex and death is shrouded in stigma. A comment by a community health volunteer illustrates this point.

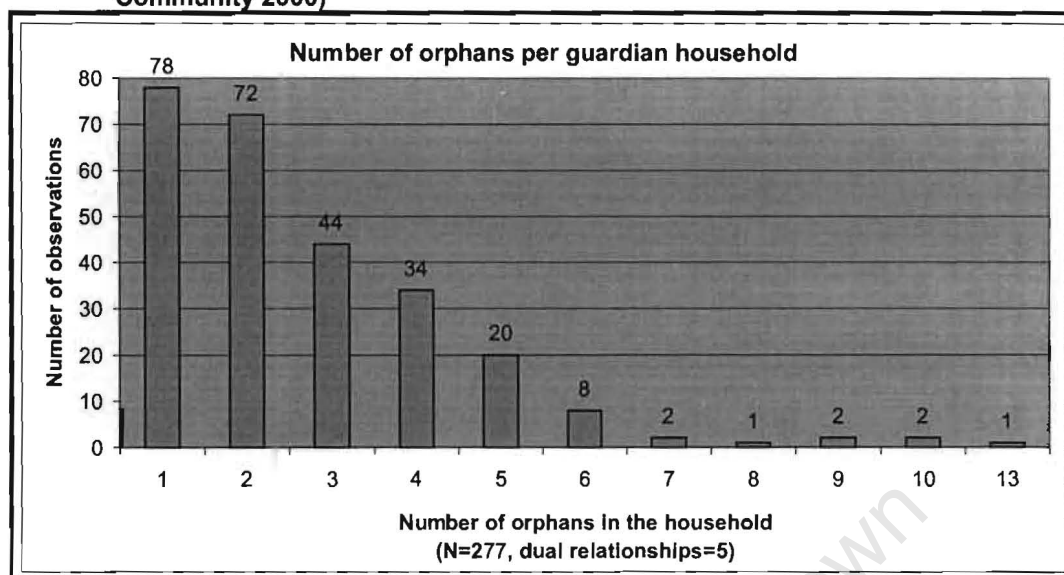
“Most of them I think know that it's AIDS, but some of them just don't want to disclose it. They are not open to talk about it. They just feel it is something maybe, just like uh somebody who is dying, being bewitched. They don't understand, they don't know what is wrong with them”. (Community volunteer Likoswe village)

It was often apparent that interviewees were more likely to believe that their relative was bewitched than believe in illness due to biomedical reasons. It emphasises that if researchers want to gather sensitive information surrounding AIDS and different belief systems, it would be in their interest to conduct qualitative in-depth interviews as opposed to quantitative, survey based research. A relationship of trust can be built up between the interviewer and the interviewee during an in-depth interview and there is more time to probe the interviewee's beliefs about causes of illness and death.

Perhaps the significant increases in the orphan population across the 15 villages best confirm the high prevalence of AIDS related deaths. The 276 guardians available for interview across the 15 villages indicated that they had a total of 711 orphans between them. Graph 2 shows that the modal value of the number of orphans per guardian was one. Therefore we can estimate on the basis of 20 guardians not being available for interview that there could have been at least an additional 20 orphans. The total number of orphans across the 15 villages accounting for absent guardians was therefore at least 731²².

²² Unfortunately it was impossible to obtain a correct estimate of the population of these 15 villages at the time of carrying out the survey, due to the information not being available.

Graph 2. The number of “orphans” per guardian to household (Nguludi Mission Community 2000)



Graph 2 shows that although the majority of caregivers were caring for two orphans or less, almost half of the caregivers care for more than two orphans. The results indicate that the orphan population has increased markedly since St Mary’s Orphan Project CBO carried out their first census of the same 15 villages. In 1995 approximately 250 orphans were registered. Two years later in 1997, 408 orphans were registered and in the 2000 census the number had increased to 731.²³

It is important to note that from a practical point of view it is not easy to definitively identify so called ‘AIDS orphans’ due to the aforementioned fact that guardians could not always identify, or did not wish to disclose, how the child’s mother or father died. It is also an insensitive category of labelling as it increases the stigmatisation of these children.

5.5.3 The Intergenerational relationship between grandmothers and “orphans”

It is the nature of the AIDS pandemic that the loss of one parent is often followed by that of the other. Table 3 indicates that 133 orphans (≈25%) in Nguludi had lost both of their parents by the year 2000. Table 3 also indicates that grandmothers are predominantly taking on the burden of caring for children who have lost both their

²³ The results have been analysed using Microsoft Excel 2000 and Statsoft Statistica 5.5

mother and their father; 58% of children in Nguludi were cared for by grandmothers, the average age of whom was 59.5 years. Other researchers across the Southern African region have also observed the increasing burden that is being placed upon the elderly to care for orphaned children. (Drew *et al.*, 1996; Mutangadura, 2000; WHO, 2000; Williamson, 2000; Ferreira and Brodrick, 2001; Ferreira *et al.*, 2001; Steinberg *et al.*, 2002; UNFPA and The Population and Family Study Center, 2002).

The grandmothers in Nguludi were looking after an average of 2.6 grandchildren due to the death of their own daughters. The majority of these grandmothers were still working the land in order to survive. They told us that they had been forced to continue working because of their own children's death, and had to work incredibly hard each day to bring in enough food for the family as well as carry out domestic chores to keep the household alive. The extent of the problem was most visible when I met with many frail and sick older women who were barely managing to look after themselves let alone the grandchildren in their care. A system of matrilineal childcare may be advantageous to both the children and the principal producers and reproducers of Malawian society, but only if there are productive kinfolk to provide the necessary support. As well as the care of children this also draws our attention to the important problems associated with the care of the aged in rural communities where the prime age adult generation has been severely depleted by AIDS related deaths (Barnett and Blaikie, 1992; Apt, 1997).

In Nguludi, children from a young age are involved in household activities. They may run errands, or carry out more rigorous tasks including cultivating plots of land, tending to domestic animals, drawing water from the river, well or hand pump or carrying out domestic chores such as cleaning and cooking and looking after smaller children. These are vital aspects of their education that prepare children for life in a rural community. In Malawi there are still very few off-farm employment opportunities so for any good chance of survival it is critical that knowledge of subsistence and petty commodity production and household activities are not lost.

Table 5 show that orphans in Nguludi were combining their daily schooling with approximately 2.4 hours of work per day. The national average of children's work

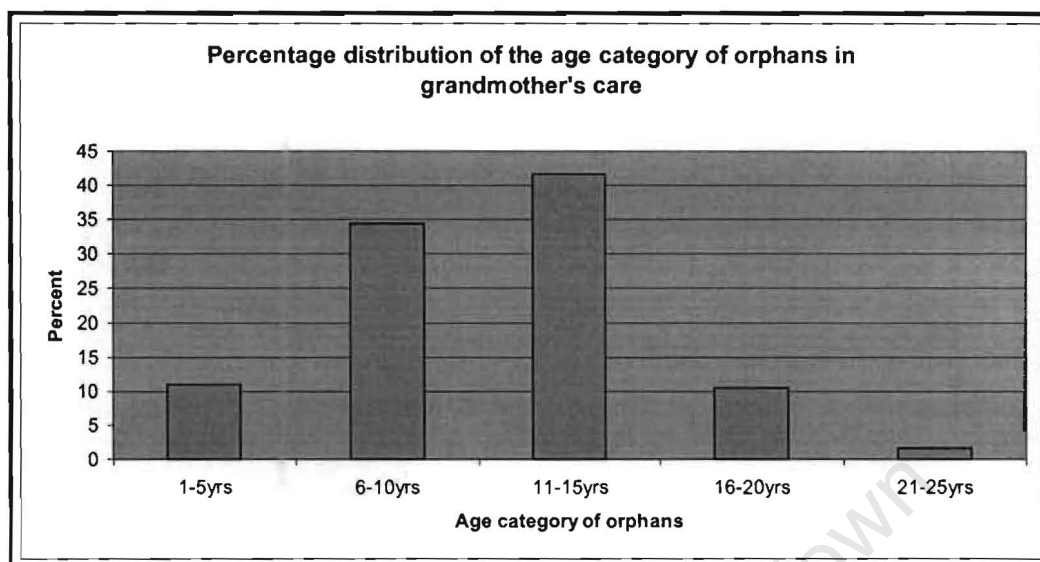
was 4 hours a day in the year 2000 (National Statistical Office and ORC Macro Inc, 2000). It is possible that the children's estimation of time regarding this question may have been slightly inaccurate. A qualitative in-depth interview or participatory research exercise may have provided more detail and accuracy regarding the different daily tasks that each child carries out rather than simply asking them to estimate the hours they work each day. Davison (1993) found that the need for children's labour had increased since Hirschman and Vaughn (1984) had carried out their study a decade earlier. It would be interesting and important to investigate whether the need for children's labour, as we would assume, has increased yet again a decade on with increasing levels of poverty and HIV/AIDS and the latter's impact on family dynamics.

Table 5. The number of hours "orphans" work per day (Nguludi Mission Community 2000)

Mean	N	Missing Cases
2.40	325	216

Graph 3 shows that a significant percentage of orphans in Nguludi who were looked after by their grandmother (42%) were teenagers between the ages of 11 and 15 years. Most children of this age are able to help considerably with household activities. Children of this age can often be of great assistance to grandmothers who have lost their own children. This suggests that western norms of childhood and child labour need to be held up to scrutiny in the Malawian and broader Southern African context. Family production has always depended on family labour. The family is a 'school' for children who are taught valuable skills that will enable them to farm on their own account later on and run their own households. However, the sheer loss of able-bodied adults must increase the burden of work on the elderly and young, even though it should be noted that children did not appear to be missing school. This in turn suggests that interventions should recognise the pervasive nature of these social and economic strains and provide support for all who are trying to cope with them, rather than applying – uncritically - western concepts of 'family', 'orphan', 'child labour' and acting accordingly. Focussing on groups considered at risk will be socially divisive in Malawi and will not help communities who are valiantly trying to retain their integrity and to stick together in the face of adversity.

Graph 3. Percentage distribution of the age category of “orphans” in grandmother’s care (Nguludi Mission Community 2000)



In the past the elderly would have been supported by their own children when they became too old or too infirm to work; AIDS has presented a situation in which the old are increasingly supporting the very young or are supported by teenage grandchildren.

Grandmothers face greater challenges when orphan children in their care are young. In Nguludi 11% of orphans were between the ages of 1 and 5 years. These children are capable of doing very little around the house. A third of the orphans were between the ages of 6-10 years. These children are still able to assist with many of the household activities but do not have the same physical strength as older children to work the land. Moreover, they also need care and supervision in the performance of daily tasks, which can be dangerous such as cooking, fetching water from the river and the like.

“Most of the children who stay with grandmothers are too young to contribute much. So they are a burden in a way. Of course there are a few who contribute a great deal – those that are a bit older”. (Community volunteer, Magombo village)

Households where grandmothers’ care for children under the age of 11 years are the most vulnerable. They have the least ability to support themselves. The grandmother may often be too old and weak and the orphans too young and not yet strong or

knowledgeable enough to meet the household's welfare needs. One can assume that the range, quantity and quality of food available to these households' decreases and consequently household nutritional status falls. With decreased nutritional status comes a decline in health status and reduced ability for the household to care for itself. The old and the very young are already the most susceptible to malnutrition and infectious diseases. A living context such as this only increases their susceptibility.

"If the mother dies, the father dies, the orphan is left with the grandparents and the grandmother she is unable to work, for the children maybe there is food and a bed and there is nothing more." (Public Health Assistant)

It may be that the elderly are less capable of cultivating crops for market if they only have young children to support them, under these circumstances without a breadwinner; the household is less likely to be supplemented with a cash income. This is a significant problem when it comes to paying for goods and services such as clothes, blankets, soap, school fees and school equipment, fertiliser, paraffin, medical care, and many food items etc. Young children, if they have the fortune to survive their parent's death, are likely to experience the emotional trauma of the death of another guardian, this time their elderly grandmother (see Monk, 2000; Gilborn *et al.*, 2001). They then have to adjust to moving to another home.

5.5.4 Impact of loss of biological parents on "orphan's" schooling

Table 6. School attendance by Orphans and reasons for not attending (Nguludi Mission Community 2000)

	Number	Percentage
No Clothes	3	1(%)
Learning Difficulties	6	1
No money	29	5
Too young	57	11
Do Attend	446	82
Total	541	100

Table 6 indicates that 18% of orphans of school age did not attend. The vast majority ($\approx 75\%$) were not attending school because their family could not afford the cost. Some of the unaffordable costs involved in sending children to school include buying presentable clothes or soap to keep clean so they are accepted into school.

It was very rare that a child would not attend school because guardians kept them at home to carry out work in the household or on the land. The reason children may have been working was more likely to be the consequence of the family not being able to afford to send the child to school. The only time the majority of children were kept at home was during the harvest season when more labour power was needed during this crucial time. There were only 6 children we identified who had learning difficulties and were unable to enrol in mainstream schools.

Table 6 also indicates that approximately 82% of orphans who were of school age were attending primary school.²⁴ Families obviously place great emphasis on the importance of a school education for their children. There were however, very few children attending high school, only 34 out of 541 shown in Table 7. This may be because most children participating in the household questionnaire had not attained the appropriate level of education to enter high school. Alternatively, the table shows that the mean age of the children in the sample set who were beginning secondary school was ≈ 17 years old and the average age of orphans was ≈ 11 years old. The vast majority of the sample seems not to have reached the appropriate age for secondary school education, which throws up another possibility. If children were to pass each primary grade on time they would reach secondary school by the age of 14 or 15. Those orphans, who do make it to secondary school, do so at an average age of 17. This finding needs to be verified through further studies on school enrolment. If confirmed, it also needs to be investigated. One fruitful investigation would be with teachers, who deal daily with this situation.

²⁴ Since the advent of Muluzi's government universal free primary education extends to all children.

Table 7. School Level and the age of orphaned children (Nguludi Mission Community, 2000)

Summary Table of Means Smallest N for any variable = 437				
	Mean Age	n	Std Dev	Age Range
Kindergarten	5.6	9	0.9	1.8
Std1	7.5	79	1.8	3.6
Std2	9.9	51	2.3	4.6
Std3	11.1	75	2.1	4.2
Std4	12.7	51	1.9	3.8
Std5	12.8	49	1.5	3
Std7	14.1	23	3.3	6.6
Std6	14.2	46	1.5	3
Std8	16.1	20	2.0	4
F1	17.1	17	2.8	5.6
F3	17.7	7	1.3	2.6
F2	17.9	8	1.7	3.4
F4	19.5	2	0.7	1.4
Average Age Range				3.7

I was interested to explore the age range of children in each grade. Table 7 shows that the average age range across these grades was 3.7 years. This may indicate that children start attending school at different ages, that they attend school intermittently, or possibly that some children spend a number of years completing one or two grades. Intermittent attendance or difficulty completing grades may occur if for example, children are experiencing the turmoil of bereavement, the need to work or care for sick parents or while they are moving to a new guardian's home (Ainsworth *et al.*, 1995; Barnard, 2002; Steinberg *et al.*, 2002; Giese *et al.*, Forthcoming).

On the other hand we do not know how long non-orphaned children spend in each grade on average. This study did not use a control group of non-orphaned children as a point of comparison for the age range spent in each grade. However, recent studies suggest that non-attendance or irregular school attendance (or difficulty in passing) is associated with poverty rather than orphan status per se. Ainsworth and Filmer (2002) in their study of household surveys collected from 28 countries found that school enrolment is not dependent on orphan status but is instead dependent on the poverty status of children. They found that in some countries orphan status was a factor in the enrolment of children but in most cases the most significant difference was the gap between the enrolment of children from richer and poorer households. A study carried out by Giese *et al* 2003 in South Africa argues for educational policy that supports all children living in contexts of poverty as opposed to targeting solely orphaned

children, pointing out that there are many poor children who are not orphans who can not afford school fees or the cost of educational resources. This has been further supported by Gould & Huber (2002) in their study in Tanzania and Uganda who argue that “it is important not to underestimate the serious impacts of the epidemic on future school-aged populations but HIV/AIDS needs to be situated in a broader context of educational policy and linked to the problems of poverty more generally”. These findings once again reaffirm the need for structural interventions to lift whole communities out of poverty rather than targeting particular groups.

5.5.5 Coping with death and sickness

According to the priests in Nguludi, death is a taboo subject. Adults do not discuss this issue with their children and are not particularly open in discussing this issue with each other. For many people, not only Malawians, AIDS is a particularly difficult subject because it means having to broach the extremely sensitive subjects of death and sex. (Also see Grainger *et al.*, 2001; Loening-Voysey and Wilson, 2001) We became aware for example, that it is regarded as offensive to talk to children about sexual intercourse. Speaking about the approaching death of another is believed by many to make their own death more imminent. Other researchers, in the region, have similarly observed this belief (Drew *et al.*, 1996; Ali, 1998; Marcus, 1999; Giese *et al.*, Forthcoming). One can therefore understand the anguish of talking openly with one’s children about the inevitable death of a spouse.

“Very few talk about their own death especially when they want to give instruction as to what is to be done when they die. As a priest I have had problems in trying to help people who are terminally ill. It is difficult to introduce the subject”. (Local Priest)

Making plans for children before a parent dies is extremely difficult as the same priest notes. However according to a community member from Nguludi there are customs in place which at a parent’s death bring members of the matrikin together to discuss who should take care of the child.

“When the mother dies, 3 days after the funeral, the matrilineal family meet with the clan elders. It is the uncle who invites the elders to the meeting. The sisters, brothers, grandmothers are invited to discuss what should happen to the mother’s children. It

is a kind of traditional ceremony. The elders advise the family through discussion who would be the best relative to look after the child". (Community member, Nguludi Mission Community).

In Nguludi this custom in 2000 seemed to work reasonably well with all children being absorbed by relatives.²⁵

Grainger *et al* (2001) and Foster & Williamson (2000) have observed that children's material needs too often take precedence over their emotional needs especially with regards to programme resource allocation in Southern Africa. Wakhweya *et al* (2002) in their Ugandan situation analysis of orphans argue "that although numerous reports have highlighted the importance of psycho-social issues in the well-being of orphans, less attention has been paid to the generation or application of support needed to lessen the emotional impact of AIDS orphanhood on these vulnerable children". Hunter & Williamson (1998) claim that protracted illness and eventual death of parents have a profound psycho-social effect on children, but that these receive less attention than the other more visible problems that they face.

Foster (2002) explains that children suffer from the psychological, social and economic consequences of the epidemic several years prior to the death of a parent, as HIV positive parents can suffer recurrent bouts of sickness in the cycle of the virus. Gilborn *et al* (2001), Giese *et al* (Forthcoming), Jagwe-Wadda (2001), also emphasise that orphanhood is a lengthy process, not a single event and can begin to impact on a child's life sometimes years before the loss of a primary caregiver. Giese *et al* (Forthcoming), and Lorey (in Levine, 2001) point out that psycho-social support should also be targeted at children who are at risk of becoming orphaned, living with and/or caring for sick adults.

²⁵ No research was conducted regarding whether children had experienced loss of property upon being orphaned although during my time there I heard of no cases occurring. According to other research, the property and inheritance of children is often not safeguarded even if the dying parent gives strict instructions to relatives. The dying person may have faith that his/her kin will do the right thing by the child but unfortunately this is not always the case. Will writing is not practiced widely in Southern and Eastern Africa (Drew *et al.*, 1996; Gilborn *et al.*, 2001) some researchers (Hunter and Williamson, 1998) argue that introducing will-writing will help caregivers to secure a future in terms of inheritance and placement with other guardians for their children and consequently help to reduce the psycho-social distress of the caregiver who may be anxious about the children's future. This is an important area that warrants further study.

The problem of loss and grief that children experienced in Nguludi when their parent/parents died was not something that guardian families addressed directly. On the surface this gave the impression that guardian families were concerned only with the material welfare of the children. The Public Health nurse who was working on the St. Mary's Orphan Project told us that she was increasingly aware of children during her outreach work who displayed psycho-social problems, on the whole being either more aggressive or more withdrawn than other children. This nurse was an advocate of child counselling and felt that the orphan centre should be encouraged to take on this responsibility.

"Children have little scope or opportunity to grieve within their households. Children watch or assist in the nursing of their parents, in some cases for very long periods".

(Public Health Nurse, Nguludi Mission Community)

She told us that home-based care workers were counselling terminally ill adults but no psychological support was being given to the children who were compelled to witness the visible deterioration and suffering of their parents.

In Nguludi there is a 'culture of forgetting'. This is a coping mechanism also observed by Ali in her (1998) study on orphans in Malawi and more recently in a South African study on orphans (Giese *et al.*, Forthcoming). Dawes and Honwana (1996) writing about orphaned children of the war in Mozambique also learned that 'to talk and recall the past is not necessarily seen as a prelude to healing or diminishing pain'. Although attitudes to death are certainly diverse (Marcus, 1999) this coping mechanism appears to be integral to many people's way of life – to move forward into the future and heal the pain of the past. For example, in Nguludi I observed that guardians did not talk with the younger children about the death of their parents. The guardians were called 'mother' and embodied the role of mother. This was also evident throughout the survey, as there was much confusion regarding biological and social parenthood. As the survey progressed, we as interviewers learned to ask if the guardian had physically given birth to the child.

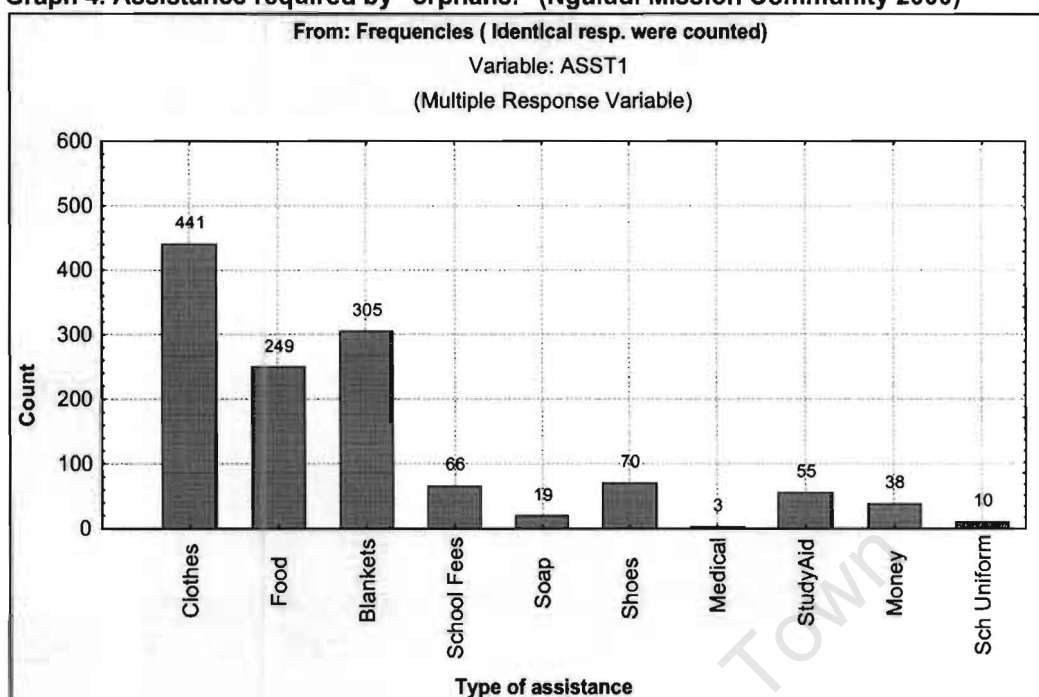
If they were the aunt or grandmother, they called themselves the child's mother. From the younger children's responses and their interaction with their guardians, it was evident that they considered their guardian to be their mother. It is thus an aspect of the way of life of the people we observed that the guardian does not talk about the child's dead parents. Guardians believed that they were protecting the child and absorbing them more smoothly into their new way of life. The community nurse told me that older children often begin to experience psychosocial problems if they realise that they are an 'orphan' in the western sense of the word and are different from the guardian's biological children. Furthermore, where a child learns that he/she is an orphan, a difficult period of adjustment for the child and guardian family ensues.

It is difficult to conceive any counselling programme for children that can account for this context, where guardians advocate a process of silence and forgetting. Any outside intervention with the aim of addressing the children's psychosocial problems would have to be carried out with sensitive consideration for the coping mechanisms that are already in place. The individual, family and community are inextricably intertwined in a complex healing process that may not always be interpreted accurately or understood by outsiders.

5.5.6 Local Assistance for "orphans" and their families

The majority of children told us that they had never received assistance from anyone external to their family and most of the children expressed the need for material goods - primarily clothes, blankets and food. The results are presented in Graph 4 as multiple response data where children were asked to choose any number of the multiple responses that they felt were appropriate to their circumstances.

Graph 4. Assistance required by “orphans.” (Nguludi Mission Community 2000)



A large percentage of orphans (81%) told us that they needed clothes. Almost two thirds of the orphans also requested blankets, this could be indicative of the season as winter was beginning when we questioned the children. Almost 50% of orphans expressed a need for food, this I believe would have been an even higher percentage if we had been carrying out the survey during the hot season. Approximately 14% of orphans told us that they needed school fees indicating that some of the older children were finding it difficult to continue their education due to financial constraints. Where children have problems gaining access to clothes and school fees they may have to drop out of school for a duration of time until their family can afford these necessities.

Only 25 out of 225 guardians who responded to the question about assistance told us that individuals or organisations external to their families helped them. These guardians had received little assistance from a local Catholic Brothers' congregation and an International Non Governmental Organisation working in the area. Local home based carers visited and gave support to some families with terminally ill patients but did not offer any support to children affected by death or living with a sick caregiver.

There was next to no help from governmental agencies. The services provided by the state are based on concepts of welfare and governed by statutory provisions. The

Children and Young Persons Act, provides for '*the care of children in need*' among other provisions. There are also the Adoption Act, the Affiliation Act and the Wills and Inheritance Act. The District Offices, via a skeleton staff are required to assist with: -

- Family counselling.
- Public assistance to relieve destitution (handouts which are provided on temporary basis include food, shelter, transportation and clothing).
- Foster care.
- Adoption (mainly within the country and in cases where foster care has been long term).
- Institutional care in both public and private facilities. (Kalemba, 1998)

Not a single guardian mentioned receiving assistance from the District Office or any other governmental department. This highlights the government's constraints, in terms of budgetary, infrastructural and staffing capacity. The District Office is far away from Nguludi Community and the roads are extremely pot-holed. It is difficult for community members to reach the District Office and district officials rarely leave their office because of lack of transport.

Social funds are also deployed in Malawi, but this community had not been the recipient of a social fund²⁶. The Social funds designed to mitigate the negative social impact of the SAPs are limited in their effectiveness because they are demand-driven resulting in more powerful groups being the most successful in putting proposals together to access the funding. The programme can amplify current inequities with

²⁶ Beal & Kanji (1999) " Social funds exemplify an approach to poverty reduction based on partnerships, decentralisation, participation and demand responsiveness. Social funds are meant to be demand driven mechanisms that channel resources to the poor and support sub-projects that respond directly to their priority needs. The unit managing the social fund has a special autonomy outside government and the power to select or reject sub-projects formulated and implemented by CBOs, NGOs, municipalities and private firms. The majority of projects involve the improvement of economic infrastructure and social services".

less powerful groups finding it more difficult to engage in the policy and planning process²⁷ (Beall and Kanji, 1999; Schroeder, 2000).

The National AIDS Control Programme's strategy states that community-based approaches to orphan care should be primary and that the government will co-ordinate the service providers to support and enable communities. Local government structures currently do not have the capacity to meet this challenge and non-governmental transfer of cash to communities in need are not sufficient or do not reach the many people country wide that are in need of vital support. It was also evident from my time working in the Nguludi community that people were too poverty stricken to establish self-reliant community based-initiatives.

5.6 Summary

We did not study the needs of children who were not "orphaned", and this comparison needs to be made if conclusions are to be drawn. However, the evidence presented in this thesis suggests that there is a generalised deepening situation of poverty in Malawi's rural areas, which is being exacerbated by the impact of HIV/AIDS. The analysis of Nguludi Mission Community shows that people are making a supreme effort to cope – the fact that there are no destitute children or child-headed households; the fact that children continue at school even if it takes longer to complete and the fact that villagers find the concepts of targeted support and pulling children out of the community into orphanages upsetting, suggests that ways urgently need to be found to support communities in a manner that they consider appropriate and which strengthen existing coping mechanisms and social solidarity rather than undermining it. In addition it is clear that some mechanisms will only be a temporary palliative in a situation where the structural base of existence has been significantly eroded by the economic processes set in motion over 100 years ago. This chapter has suggested that any interventions need first to understand the family structure (kinship system) of the people concerned, concepts of 'family', 'parent', 'child' as well as 'childhood'. The imposition of ideas and values drawn from Europe and North

²⁷ Schroeder (2000) discovered that districts in the northern region of the country were receiving average per capita allocations two times greater than districts in the Southern region. He argued that regional disparities can be due to 'blatant favouritism on the part of those approving the funding. However, in demand-driven systems, it can also be attributed to the possibility that communities in some areas may be more capable of organising and preparing project proposals than those in other

America without questioning them or listening to the people themselves not only implicitly undervalues local people by suggesting a universal norm to which they should adhere but ignores the coping mechanisms that are in place and misdirects relief efforts.

At the beginning of this chapter I said I would critique the study I carried out in Nguludi in 2000 that was launched because of humanitarian concern. The main limitations were:

1. I started with the assumption that “orphan” was a universal category. I did not compare the situation of orphans and orphan-supporting households with those of non-orphan supporting households. This comparison would have brought home the observation that the concept of “orphan” as understood in Europe is relatively alien to Malawi. Families absorb children whose biological parents die. Indeed other kin often play a more important role in the child’s life than biological parents. Uncritical application of euro-centric concepts to other contexts is common among northern researchers and development workers in the South. It can lead to erroneous conclusions and interventions whose impact is to destroy and undermine, rather than support and strengthen existing community coping mechanisms.
2. Likewise it is important to understand how pain and trauma are dealt with in communities experiencing AIDS. Although I did not explore this issue in detail, it is clear from other work in similar situations (e.g. Southern Mozambique) that communities employ healing mechanisms that lay ghosts to rest, rather than seek them out for examination. The consequences of interfering may be negative. In any event, the questions posed by Dawes & Honwana could be very usefully researched in the southern Malawian context.
3. With the benefit of postgraduate study I now realise that the census could have yielded a better understanding of the level of inequality, social differentiation and employment patterns if I had measured by levels of consumption.

4. The research would have benefited from carrying out further qualitative research in order to gather richer material on household dynamics, peoples' beliefs about causes of death and illness and to use child participatory techniques when collecting information from children.

Both the study and my own reflections have revealed that preconceived assumptions need to be challenged through extensive critical reading and through inductive, grounded research in a context such as this - if the affected peoples' own efforts to cope are to be understood and thereafter effectively supported. Interventions that isolate orphans and label them as a social category, or target them against other children and families in need, create divisions in local society, rather than strengthening its ability to deal with the challenge of HIV/AIDS.

Notwithstanding these reflections it is clear that southern Malawian society is pushed to the limit; and that HIV/AIDS is one more burden on a society that has experienced growing economic pressure for over one hundred years. Besides more immediate AIDS interventions, what are desperately needed are structural interventions to create jobs for the unemployed and thus bring resources back to the rural areas.

Chapter 6 - Conclusion

This thesis has provided a framework of analysis that illustrates how the macro policies and conditions of the 20th century in Malawi have affected the livelihood options available to its people. In Malawi, there is economic and social breakdown, deepening poverty, widening inequalities in urban/rural resource distribution and inequalities between men and women. The rise of the HIV/AIDS pandemic has its roots in these material and social conditions and has also been found to exacerbate them. This thesis argues that the problem of AIDS and its legacy of orphaned children is fundamentally a structural one.

“Due to the increasing number of orphans, poverty in families and the high cost of living nowadays.... if the economic base were okay most of the orphans would be absorbed. In the past it was a bit easier because there weren't too many orphans, the land was still enough and very productive, the cost of living was not very high”.

(Malawian Local Priest, Nguludi)

Both AIDS and the resulting large numbers of orphaned children would not be such a devastating problem in Malawi and other countries in the region, if there was a more equitable distribution of resources. As we have learnt there is a grossly inequitable distribution of land in the country. In the southern region where the settler economy had its home, there are an estimated 21 000 landless families. Past policies saw the expropriation of land from peasant farmers and the increasing pressure on the land has been accelerated by rapid population growth. Land is a central factor to securing livelihoods in Malawi - without sufficient access to land families find it difficult to survive. 56 percent of peasant farmers cultivate less than 0.5 hectares, which is inadequate to meet the annual food requirements of an average household of five members using hand tools (Poverty Monitoring System National Council, 1998). The majority of families are food deficient with regards to their own production and rely on obtaining cash from elsewhere in order to purchase maize. In the past migrant wage labour supported peasant agriculture. However growing structural unemployment across Southern Africa has meant that employment opportunities are scarce. Without a flourishing formal wage economy to turn to and a decline in the

opportunities to participate in migrant work, this makes people even more vulnerable to poverty.

SAPs in the 1980s took away subsidies on vital inputs for food security such as fertiliser, seeds and credit and the fiscal austerity of the programme reduced spending on education and health care. Poor people cannot afford these crucial services when they do not have sufficient land or inputs to support the subsistence of their own households let alone generate enough production to sell as a surplus for an income. About a fifth of families experience chronic food shortages. When this is combined with the toll of endemic sickness (malaria, TB, venereal diseases, HIV) the result is a chronically under-nourished or stunted population (Peters, 2002), which is physically challenged to cope with these hardships.

Past governmental policies have neglected the interests of the rural poor and smallholder agriculture. The colonial government, the post-colonial government and even the more recent democratically elected government were and are urban biased and centralised, favouring the business sector and commercial estates. This neglect has been compounded in more recent times because the government has been subjected to the dictates of international donors.

The famine of 2002 is a distressing symbol of the growing fragility of poor Malawian's peoples' lives, a culmination of the last century's progressive neglect and exploitation. Peoples' resilience to shocks such as food shortages in the household have been dramatically eroded. Devereux points to the 'trigger factors' or immediate causes (Devereux, 2002 1) to the famine but also importantly acknowledges the underlying causes,

“declining soil fertility and restricted access to agricultural inputs during the 1990s, deepening poverty which eradicated asset buffers, that the poor could exchange for food to bridge the food gaps, the erosion of social capital and informal social support systems in poor communities; the demographic and economic consequences of HIV/AIDS; and the relative neglect over many years of the smallholder agricultural sector”.(Devereux, 2002 1)

Devereux (2002) argued that the famine illustrated that informal networks of support are under even more pressure in Malawi today. It is reasonable to assume that with increasing levels of poverty and the added factor of AIDS attacking the economically active population that informal networks of support are being eroded. Increasing dependency ratios probably mean that people will find it increasingly difficult to provide support beyond their own household unit. Peters (2002) also notes in a recent article how family members within the matrikin are less supportive of one another, due to land pressure and consequent conflicts over land, the increasing importance of conjugal ties and the nuclear household, increasing urbanisation and accelerating agricultural commercialisation.

Against this gloomy picture must be pitted the extraordinary resilience and integrity of rural communities. The study in Nguludi has shown that despite extreme poverty and large numbers of adult deaths mainly from AIDS, orphans have been absorbed and not abandoned; orphans continue at school and families make incredible sacrifices to provide support for each other and family members.

Nevertheless these communities are under great pressure. Women have had to bear the brunt of a century of international and national policies that have increasingly made their lives more difficult, and have subjected them to further impoverishment and vulnerability as well as exclusion from the development process. These policies have resulted in transferring the costs of social reproduction to individual households and therefore primarily to women (Beall and Kanji, 1999).

The case study of Nguludi, shows that it is women (particularly women in female-headed households) who are bearing the main burden of poverty and the AIDS pandemic. It is women with limited choices who may be having sex with wealthier men to support their families or women who are infected by husbands who have been forced to seek work away from their wives. It is women who are the main carers of children orphaned by AIDS.

Moreover we are witnessing the tragic effects of an epidemic that amplifies processes of poverty. It is removing the economically active age group that in the past would

have supported the most vulnerable, the old and the young through times of crisis and shocks to the household. In Nguludi it was the grandmothers who were predominantly becoming the main caregivers of children who have lost their parents. The reciprocal relationship between grandparents and grandchildren in this context has to be given important consideration.

AIDS has presented a situation whereby the old are increasingly supporting the very young or are being supported themselves by teenage grandchildren. Grandmothers face greater challenges when orphan children in their care are younger. It is households where grandmothers' care for very young children that are most vulnerable. They have the least ability to support themselves, the grandmother is often too old and weak and the orphans too young and not yet strong or knowledgeable enough to survive unaided. It can be argued that the elderly are less capable of cultivating crops for the market if they only have young children to support them, or work on other people's land for a wage. Under these circumstances without a breadwinner, the household resources are less likely to be supplemented with a cash income. This is a significant problem when it comes to paying for items that cost money, such as clothes, blankets, soap, school fees and school equipment, fertiliser, paraffin, medical care, and many items of food. The range, quantity and quality of food available to these households, probably decreases and consequently household nutritional status falls. With decreased nutritional status comes a decline in health status and reduced ability for household members to care for themselves. The old and the very young are already the most susceptible to malnutrition and infectious diseases, probably become more vulnerable.

Other researchers across the Southern African region have also observed the increasing burden that is being placed upon the elderly to care for orphaned children. (Mutangadura, 2000; WHO, 2000; Ferreira and Brodrick, 2001; Ferreira *et al.*, 2001; Steinberg *et al.*, 2002; UNFPA and The Population and Family Study Center, 2002). Others such as Barnet & Blaikie (1994), Apt (1997) stress that there should be further research carried out to investigate how we can best support the elderly in the face of the AIDS pandemic, increasing urbanisation and poverty. Murray (1981) argues adamantly that policies should not glorify the extended family as "something that

allegedly accommodates everyone (the sick, the unemployed, older people) in default of decent wages or social security arrangements”.

The first line of approach in orphan care by the National Orphan Guidelines for Malawi are community based programmes (Keatley, 2002, & National Task Force for Orphans). This needs to be re-examined. Rather than solely shoring up the resources of poverty stricken communities using external donations for community-based initiatives that only successfully create self-reliance if they are sufficient and provided on a long term basis; there is a need to complement this strategy with an attack on the root causes of the HIV/AIDS and the orphan problem and concentrate on deeper structural changes that will bring longer lasting positive change for AIDS affected communities.

This thesis has argued that the level of poverty and inequality in Malawi will continue to hinder the well being of the majority of its population if policy does not focus on the initiatives that improve the abilities and capabilities of the majority of Malawians, the very objectives of growth and development will not be met (Tjonneland *et al.*, 1998; Khan, 2000). Malawian people need to be able to develop ‘sustainable livelihoods’ (For further discussion on ‘Sustainable Livelihoods see Chambers and Conway, 1992; Chambers, 1997; Carney, 1998; Scoones, 1998; Devereux and Cook, 2000; Singh and Wanmali, No date; Wanmali, No date) that can cope with and recover from both the shock and the impact of AIDS, sickness and death on their households. The structural conditions that currently exist in Malawi make it extremely difficult for the most vulnerable groups to develop a livelihood that is sustainable. This is because, as this thesis has argued, the assets (material and social) required for a means of living are currently not available to the majority of Malawian people and moreover have increasingly diminished as the century has progressed.

Based on this thesis it is clear that both long and short-term interventions of different orders and magnitude are needed. Significant emphasis needs to be placed upon changing the determinants of poverty and ill health. These include in the long-term; investment in employment and land reform, subsidies on fertiliser, labour saving devices and other agricultural equipment, extension advice that reaches women and

women in female-headed households, good roads and transport so that they can more easily sell surplus produce at markets, drastic improvement in water and sanitation facilities so as to improve the health status of the population, free health care and further extension of primary health care so that people can be better equipped to prevent opportunistic infections, free health care and free education for all household members so that the cash surplus they make can be saved/ invested/used to buy essential commodities/school equipment/school fees/hire extra labour, credit facilities/income generating programmes.²⁸

Due to the fact that the above proposals are long term, and unlikely to impact on the lives of people struggling to survive at the moment, there is a critical need to support people through more immediate welfare measures before they move into a state of destitution. However, even though this research has argued that female-headed households are the poorest of the poor, it is not prudent to target female-headed households with grants as this targeted approach only serves to heighten their stigmatisation. It is important to recognise the particular problems that female-headed households face, but through targeting them attention is turned away from gender inequalities within joint households while appearing to address gender issues (Beall and Kanji, 1999). As O'Laughlin (1998) argues, policies that target female-headed households ignore the structural causes of impoverishment and it is these that we should be attempting to identify and transform.

With regards to orphans, this study and others (UNICEF, 1999; Giese *et al.*, Forthcoming) state that programmes must take care to avoid stigmatising children by treating orphans differently from other children or by labelling children as orphans or worse still as AIDS orphans. A grant targeted specifically at orphans may result in their commodification and increased physical and emotional vulnerability in families who take on a care role motivated by financial gain. (See Giese *et al* 2003 forthcoming for further discussion on problems of targeting.) It will create divisions

28 Davison (1993, 1997) and Davison (In Bryceson 1995) notes that many income-generating programmes that target women are doomed to failure in Malawi if they push women to income generate in groups. Women in matrilineal communities in Malawi prefer to be individual producers, which is culturally more acceptable than co-operatives due to the history of women's banja production.

within and between families and instead of the smooth absorption of orphaned children lead to their isolation.

In addition as has been reported in this thesis, people in Nguludi did not see 'orphans' as the most vulnerable children but preferred to use locally defined concepts of vulnerable children. (Also see Giese et al forthcoming for a comparative discussion in South Africa). The Zambian situation analysis and Giese et al' study (2003) as well as a study carried out by Ainsworth and Filmer (2002) support this view. Regardless of orphan status all children are vulnerable to the effects of poverty and there is little difference between orphans and vulnerable children in economic terms. Giese et al 2003 and Lorey in Levine (2001) also argue that targeting orphans excludes large numbers of vulnerable children who may have parents but live with other relatives (due to the custom of fostering and the need to sharing shrinking resources etc.), or children who are living with dying parents.

A universal child grant could be encouraged as an option as existing in South Africa. However, it is in my view more appropriate to implement a basic income grant²⁹. All Malawians irrespective of their age, income, gender or family status would have access to a Basic Income Grant. The advantages of this measure are that firstly, means testing becomes unnecessary and eligibility testing is limited to an applicant's possession of a birth certificate or ID. Secondly, parentless children are not commodified but the capacity of carers to meet these children's needs is increased, Thirdly this grant would benefit the needs of both women and men. The Basic Income Grant can be subsidised by taxation of the wealthy, and considering Malawi has one of the highest gini-coefficients in Africa, this would appear to be a fair and just solution to address current gross inequities.

Orphans and children who are at risk of becoming orphaned appear to face special psychosocial needs even though they are not necessarily more economically vulnerable than other vulnerable children. However, before programmes are

²⁹ For literature concerning the benefits and limitations of the Basic Income Grant in a South African context see Cassiem and Streak (2001); Committee of Enquiry into a Comprehensive system of Social Security (2002) and Sogaula *et al* (2002) for research that showed the benefits of social security in the context of HIV/AIDS and poverty in South Africa.

implemented the mechanisms by which these communities cope with death and trauma need to be studied. The imposition of euro centric notions of opening up to talking about issues is by no means the obvious approach and may do more harm than good. As Dawes and Honwana (1996) and Ali (1998) have shown, memories of loved ones are often suppressed as a way of moving forwards into the future. The study of Nguludi suggests that similar mechanisms are employed in this local context.

Finally, one of the most important lessons that has been learned from writing this thesis is that the AIDS virus in Malawi, is not just a bio-medical problem. I have argued that while growing structural poverty is not a direct cause of AIDS it is certainly a context in which it flourishes. It is crucial to any analysis to unpack the dynamic interplay of this virus with issues, such as poverty, class, gender, global economics and inequality. This thesis has illustrated that AIDS and the “orphan problem” necessitates a response that addresses the failings of the broader socio-economic environment. A multi-sectoral and collaborative response between all stakeholders is critical in responding to the multi-faceted challenge of reducing poverty, inequality and high levels of HIV and in meeting the needs of vulnerable children and adults. Last year’s famine and the continuing food insecurity, in Malawi and other parts of Southern Africa should be a lesson to all onlookers. There will certainly be worse to come if the lethal cocktail of increasing levels of poverty and HIV/AIDS are not urgently addressed.

Appendix 1

**QUESTIONNAIRE FOR ORPHANS AND GUARDIANS 2000,
ST. MARY'S ORPHANS PROJECT - NGULUDI MISSION
COMMUNITY, CHIRADZULU DISTRICT, MALAWI**

Part A - Questions for Children

1. Village
2. Name
3. Child Identity Number
4. Age
5. Male or Female
6. Religion
7. Number of:
 - a. Brothers
 - b. Sisters
8. School
 - a. Name
 - b. Year
9. If he/she does not go to school, why not?
10. What are his/her favourite subjects at school?
11. What does he/she fear most ?
12. What does he/she like most?
13. Does he/she work? Tick YES ☐ or NO ☐
 - a. If YES, what type of work do they do?
 - b. How many hours does he/she work a day?

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14. Has he/she heard of St. Mary's Orphans Centre? (Tick ONE box below)

- a. Yes ☐
- b. No ☐

15. What vocational training programme would he/she like to take part in? (Tick ANY NUMBER of boxes below)

- a. Mechanics ☐
- b. Tinsmithing ☐
- c. Carpentry ☐
- d. Tailoring ☐
- e. Typing ☐
- f. Music ☐
- g. Creative writing ☐
- h. Drama ☐
- i. Other

16. What sports does he/she like playing? (Tick ANY NUMBER of boxes below)

- a. Football ☐
- b. Netball ☐
- c. Basketball ☐
- d. Volleyball ☐
- e. Other

17. Has he/she ever received assistance from another organisation or individual? If so Who were they?

18. What kind of help would he/she like to receive?

Part B - Questions for the Field Worker

19. What is the perceived poverty status of the child? (Tick ONE box below)

- a. Not Poor ☐
- b. Poor ☐
- c. Very Poor ☐

Appendix 1

20. What is the perceived health status of the child? (Tick ONE box below)

- a. Good ☐
- b. Fair ☐
- c. Poor ☐

Part C - Questions for Guardian

21. Name

22. Age

23. Religion

24. Occupation

25. Number of people in household?

26. Number of blood children?

27. Number of orphans?

28. Relationship to orphan?

29. Has the child's mother died? Yes ☐ or No. If no go to Q32

30. What year did the child's mother die?

31. Does he/she know the cause of the mother's death? (Fill ONE box)

Don't Know ☐ or if YES how?

32. Has the child's father died? Yes ☐ or No. If no go to Q35

33. What year did the child's father die?

34. Does he/she know the cause of the father's death? (Fill ONE box)

Don't Know ☐ or if YES how?

35. Does the guardian know about St. Mary's Orphans Project? Tick EITHER

Yes ☐

or No ☐

36. What assistance would they like to receive from St. Mary's Orphans Project?

Appendix 1

37. If his/her orphan is under the age of 6 years would they like them to attend the St. Mary's Kindergarten? Tick EITHER

Yes ☐ or No ☐

38. Have they ever received assistance from another organisation or individual? If so Who?

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Appendix 2

List of Nguludi Census Statistica Data Codes

Part A - Questions for Orphans

Question 1: Villages

- 1 = Kabalame
- 2 = Makunami
- 3 = Zachima
- 4 = Bonongwe
- 5 = Malinga
- 6 = Sambani
- 7 = Ntapu
- 8 = Katagu
- 9 = Mulanjira
- 10 = Kapichi
- 11 = Kanje
- 12 = Kalanje
- 13 = Magombo
- 14 = Mitawa
- 15 = Likoswe

Question 5: Gender

- 1 = Male
- 2 = Female

Question 6: Religions

- 1 = Roman Catholic
- 2 = Seventh Day Adventist
- 3 = CCAP
- 4 = Salvation Army
- 5 = Islam
- 6 = Assembly of God
- 7 = Church of Christ
- 8 = Miracles
- 9 = Pentecost
- 10 = RSA
- 11 = 11Topia

Question 8b : School Year

- 1 = 1Standard 1
- 2 = Standard 2
- 3 = Standard 3
- 4 = Standard 4
- 5 = Standard 5
- 6 = Standard 6
- 7 = Standard 7

8 = Standard 8

9 = Form 1

10 = Form 2

11 = Form 3

12 = Form 4

13 = Kindergarten

Question 9: Why orphans do not attend school

- 1 = No money
- 2 = No clothes
- 3 = Too young
- 4 = Learning difficulty.

Question 10: Favourite subjects

- 1 = Maths
- 2 = English
- 3 = Chichewa
- 4 = Geography
- 5 = Science
- 6 = Agriculture
- 7 = General Studies
- 8 = Social Studies
- 9 = Art
- 10 = Other

Question 11: Fears

- 1 = Wild animals
- 2 = War/army
- 3 = Famine/hunger
- 4 = Death
- 5 = Disease
- 6 = Violence/Crime/Criminals
- 7 = People in authority
- 8 = God
- 9 = Poverty
- 10 = Vehicles
- 11 = Domestic and farm animals
- 12 = Lightning
- 13 = Other
- 14 = Nothing/don't know

Appendix 2

Question 12: Like most

- 1 = Football
- 2 = Other sports
- 3 = Food
- 4 = Dance
- 5 = Music
- 6 = Education
- 7 = God/Praying
- 8 = Domestic chores/farming
- 9 = Clothes
- 10 = Money
- 11 = Games/playing
- 12 = Cars/bicycles
- 13 = Blankets
- 14 = Life
- 15 = Domestic animals
- 16 = Other
- 17 = Nothing/Don't Know

Question 13: Does he/she work?

- 1 = Yes
- 2 = No

Question 13 a: Type of work?

- 1 = Farming
- 2 = Domestic chores
- 3 = Shepherd

Question 14: Has she/he heard of St. Mary's Orphan Centre?

- 1 = Yes
- 2 = No

Question 15: Vocational Training

- 1 = Mechanics
- 2 = Tinsmith
- 3 = Carpenters
- 4 = Tailoring
- 5 = Typing
- 6 = Music
- 7 = Creative Writing
- 8 = Drama
- 9 = Army
- 10 = Nurse/doctor

- 11 = Driver
- 12 = Teacher
- 13 = Police
- 14 = Nun/Priest
- 15 = Other
- 16 = Not applicable/ nothing/don't know

Question 16: Sport Preference

- 1 = Football
- 2 = Netball
- 3 = Basketball
- 4 = Volleyball
- 5 = Athletics
- 6 = Nothing
- 7 = Other

Question 17: Has he/she ever received assistance from another organisation or individual?

- 1 = Yes
- 2 = No

Question 18: Assistance Orphan's would like to receive

- 1 = Clothes
- 2 = Food
- 3 = Blankets
- 4 = Fees
- 5 = Soap
- 6 = Shoes
- 7 = Toilet
- 8 = Medical Bills
- 9 = Books/Study Aids
- 10 = Money
- 11 = School Uniform

Part B - Questions for Field Workers

Question 19: Poverty Status of Child

- 1 = Not Poor
- 2 = Poor
- 3 = Very Poor

Appendix 2

Question 20: Health Status of Child

- 1 = Good
- 2 = Fair
- 3 = Poor

Part C – Questions for Guardians

Question 23: Religion

- 4 = Roman Catholic
- 5 = Seventh Day Adventist
- 6 = CCAP
- 7 = Salvation Army
- 8 = Islam
- 9 = Assembly of God
- 10 = Church of Christ
- 11 = Miracles
- 12 = Pentecost
- 13 = RSA
- 14 = Topia

Question 24: Guardian Occupation

- 1 = Farmer
- 2 = No occupation
- 3 = Teacher
- 4 = Business person
- 5 = Traditional Birth Attendant
- 6 = Watchman
- 7 = Mortuary Attendant

Question 28: Relationship to Orphan

- 1 = Mother
- 2 = Father
- 3 = Sister
- 4 = Brother
- 5 = Grandmother
- 6 = Grandmother
- 7 = Aunt
- 8 = Uncle
- 9 = Great Aunt
- 10 = Step-mother

Question 31 & 34 Cause of mother's and father's death

- 1 = Malaria
- 2 = TB
- 3 = Toothache
- 4 = Pneumonia
- 5 = Diarrhoea
- 6 = Anaemia
- 7 = Headache
- 8 = Vomiting, stomach, fever, body pains
- 9 = Natural/Sudden Death
- 10 = Cancer
- 11 = AIDS
- 12 = Don't know
- 13 = Heart Attack
- 14 = Accident, wounded
- 15 = Cholera
- 16 = Malnutrition
- 17 = Other
- 18 = Meningitis
- 19 = Oedema
- 20 = Alive

Question 35: Do they know about St. Mary's Orphan Project

- 1 = Yes
- 2 = No

Question 36: What assistance Guardians would like to receive?

- 1 = Blankets
- 2 = Soap
- 3 = Clothes
- 4 = Shoes
- 5 = Business loan
- 6 = Medical Bills
- 7 = School Fees
- 8 = School uniform
- 9 = Food
- 10 = Fertiliser
- 11 = Other
- 12 = Money
- 13 = House

Appendix 2

Question 37: Would they like their orphan to attend the kindergarten?

1 = Yes

2 = No

Question 38: Have they ever received assistance from another organisation/individual?

1 = Yes

2 = No

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